



The Westminster
Specialist College

Student Application Pack

Student Name:	
Academic year:	

Please complete ALL sections of this application pack to the best of your ability.

If you require this document in an alternative format, such as large print or a coloured background, please contact:

contact@twspecialistcollege.co.uk or call 0121 561 6884

Section 1: PERSONAL DETAILS

First Name(s):		Surname:	
Known as:		Gender:	
Date of Birth:		Mobile Number:	
Home Telephone:		Email Address:	
Home Address:			
National Insurance Number:		Ethnicity:	
Country of Birth:		First Language:	
Home Language:		Religion:	
Are you a permanent UK resident?	YES NO	Valid permission to reside in the UK:	YES NO
Name of Current Learning Establishment:			
Are you an independent traveller?		How do you travel to your current learning establishment?	

Do you have an Education and Health Care Plan? (EHCP)	YES NO
Is your EHCP active?	YES NO
Which Local Authority is Responsible for your EHCP? (i.e. Sandwell, Walsall, Dudley)	
Do you give us permission to request a copy of your EHCP from the Local Authority?	YES NO

Section 2: PARENT/GUARDIAN/NEXT OF KIN DETAILS

Parent/Guardian/Next of Kin 1:				
Title:		First Name:		
Surname:		Relationship:		
Home Telephone:		Mobile Number		
Address:				
Parental Responsibility?	YES	NO	Interpreter Required for Meetings?	
			YES	NO

Parent/Guardian/Next of Kin 2:				
Title:		First Name:		
Surname:		Relationship:		
Home Telephone:		Mobile Number		
Address:				
Parental Responsibility?	YES	NO	Interpreter Required for Meetings?	
			YES	NO

Section 3: MEDICAL DETAILS

NHS Number:		Surgery Address:	
Doctors Surgery:			
Doctors Name:			
Doctors Telephone No:			

Please list any diagnosed medical conditions disabilities, impairments or learning difficulties below:

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Please list any medication taken including dosage and the time medication is taken:

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Please list any Medical Professionals involved in your care (if applicable):

e.g. Social Care, Visual Impairment, Hearing Impairment, Occupational Therapy, Speech and Language

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Section 4: DIETARY/ALLERGIES

Please note that the college does not provide onsite catering, therefore you would be required to bring in lunch or go off site to purchase lunch. If you are entitled to free schools' meals a monthly allowance will be paid by the college directly to the **your/leaners** bank account.

Are you or have you ever been entitled to receive Free school/college meals?	Yes	No
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Dietary Preferences:

Do you have any special dietary requirements? If yes, please circle the relevant option (if other, please specify in the box at the bottom of this page)

Halal Diet	Kosher Diet	Vegetarian	Gluten Free	Vegan	Other	None
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Dietary Preferences:

If you cannot have any of the following for medical or religious reasons, please circle

Dairy	Peanuts	Gluten	Beef	Nuts	Gelatine	Pork
Soya/Soy	Egg	Milk	Fish	Wheat	Other:	

Allergies:

Please tick if applicable and provide further information in the box provided

Allergies	Further Information:
Animal <input type="checkbox"/>	
Dust <input type="checkbox"/>	
Other <input type="checkbox"/>	

Please state any other Dietary Requirements/Allergies or Special Dietary Needs:

Section 5: CAREERS

Do you want to get a paid job in the future?	Yes	No	Maybe
If so, which industry or job are you interested in at the moment?			
Do you have experience of work or have previously completed a work-placement or voluntary work?	Yes		No
If yes, please outline your work experience placements below:			
Work Placement	Dates	Tasks Completed	

Section 6: LEARNER SUPPORT DETAILS

The Information you provide will help The Westminster Specialist College understand and support your needs.

How do you access information?				
Print	Braille	Audio	Large Print	Other
Do you use specialist hardware or equipment (e.g. VOCA, computer/alternative keyboard, joystick)			YES	NO
			If answered yes, please list below:	
Other (BSL, Makaton, PECS)			YES	NO
			If answered yes, please list below:	

What help or support needs do you have due to your disability/disabilities?
Please circle the relevant answer

Mobility (e.g. Walking Frame)	Yes	No
Wheelchair User	Yes	No
Therapy (e.g. Speech Therapy)	Yes	No
Medical	Yes	No
Classroom/personal care/help with toileting	Yes	No
Mental Health/Wellbeing	Yes	No
Do you require a speech and language assessment	Yes	No

Section 7: EDUCATION AND QAULIFICATIONS

Most recent first - Please complete even if you are sending proof of qualification separately.

Previous Education Establishment	Dates from and to	Qualifications Gained and/or currently being studied	Level/Grade	Date Achieved/ Expected

Section 8: HOBBIES AND INTERESTS

What do you like to do in your spare time?

Are there any activities you don't like to do?

Section 9: FURTHER INFORMATION

Do you/your immediate family (living in the same household) receive: (please circle the options below)		
PIP	You	Family
Income Support	You	Family
ESA	You	Family
DLA	You	Family
Working Tax Credits	You	Family
Other (please state in the box below)	You	Family
Do you manage your own money or any benefit income?	Yes	No

Proof of benefits and income will be required in the Autumn Term if welfare awards such as entitlement to Free college meals and pre 9.30am bus pass if travel trained are to be allocated.

Does the student have the following?		
Bank/Building Society Account	Yes	No
Debit or Payment Card	Yes	No
Passport	Yes	No
Driving License	Yes	No
National Insurance Card	Yes	No

Is there any more information you would like to add?

Section 11: OTHER PEOPLE WE MAY CONTACT

Please give details of any relevant professional/s whom we may contact regarding your application?	
Name:	
Position:	
Address:	
Telephone:	
Email:	

Please give details of any relevant professional/s whom we may contact regarding your application?	
Name:	
Position:	
Address:	
Telephone:	
Email:	

Please give details of any relevant professional/s whom we may contact regarding your application?	
Name:	
Position:	
Address:	
Telephone:	
Email:	

Section 11: CONSENT

I hereby give my consent for The Westminster Specialist College to obtain reports from the above contacts. I declare that to the best of my knowledge, all the information contained on this application form and on any additional sheets is correct.

Signature of Applicant (If able to sign)		Date:	
Signature of Parent/Carer		Date	

The data you supply will be passed to the Learning Records Service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The personal learning record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details on how your data is shared and used by the Learning Records Service and how to change who has access to your record, please see the following website at www.learningrecordsservice.org.uk.

Disclosure of Criminal Convictions (To be completed by all applicants)

Because you are applying for an educational placement where you will study with vulnerable young people and adults who are visually impaired or have other disabilities, it is our policy to ask you to disclose any convictions you may have. In the event of placement, failure to disclose past convictions may result in expulsion.

Have you ever been convicted of any criminal offence(s)?	YES	NO
If yes, please give details.		

Data Protection

The Westminster Specialist College is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of the Act.

The Westminster Specialist College is required to pass the information that you provide on this form to the Local Education Authority or the Residential Training Unit of the Department for Work and Pensions. These public bodies are registered under the Data Protection Act 1998. Their registration is primarily for the collection and analysis of statistical data. They will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow them and their partners to monitor performance, improve quality and plan future provision.

I hereby give permission under the Data Protection Act 1998 for The Westminster Specialist College to process the data on the application and medical forms.

Signature of Applicant (If able to sign)		Date:	
Signature of Parent/Carer		Date	

Please return to: TWSC Admissions, The Westminster Specialist College, Hawes Lane, Rowley Regis, West Midlands, B65 9AL

If you require this document in an alternative format, such as large print or a coloured background, please contact:

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OFFICE USE ONLY:

Date application received:			
Date reviewed by panel:			
Local Authority of learner:			
Date EHCP requested:			
Relevant professionals to be contacted:	YES NO	Date contacted:	
Invite to interview/assessment day:	YES NO	Date attended interview assessment day:	
Outcome/Pathway (Please tick):			
TWSC Pathway		Project Search	
TWS/College Pathway		12 Week Programme	
Not successful		Start Date:	