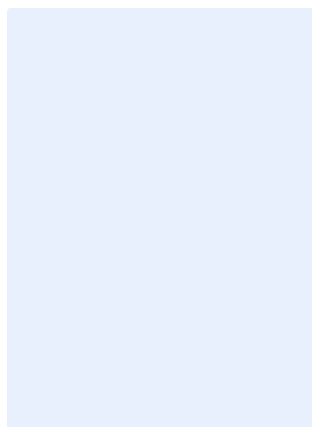


Aurora Centre

Application Form

Personal and Healthcare Needs

(Information supplied by prospective learner/parent/carer)



Please place photograph of learner here

Learner's name: _____

Current School: _____

(Please state if not in education)

Local Authority: _____

**Name of person helping
you to complete this form:** _____

(Please also state their relationship to you)

Place required from: _____

(e.g. September 2021)

Please return to:

Gemma Evans

Aurora Centre

Merton College

London Road

Morden SM4 5QX

Tel: 020 8408 6536

Email: aurora@stcg.ac.uk

CONTACT DETAILS

<p><u>Contact Information:</u></p> <p>Learner's name:</p> <p>Likes to be known as:</p> <p>Address:</p> <p>Town:</p> <p>Post Code:</p> <p>Telephone No: (Home):</p> <p>Mobile No:</p>	<p>Date of Birth:</p> <p>Gender:</p> <p>E-mail address:</p>
<p><u>GP Contact:</u></p> <p>Doctor's Name:</p> <p>Address:</p> <p>Post Code:</p>	<p>Telephone No:</p>
<p><u>Next of Kin:</u></p> <p>Name:</p> <p>Address:</p> <p>Town:</p> <p>Post Code:</p>	<p>Telephone No:</p> <p>Mobile No:</p> <p>E-mail address:</p>
<p><u>Religious/Cultural Needs:</u></p> <p>Please indicate details of any specific personal needs</p> <p>I have a specific faith: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please state which faith group you belong to:</p>	

Medical Exemption No: National Insurance No:	
<u>Social Worker:</u> Name: Address: Post Code:	Telephone No: Mobile No: E-mail address:
<u>Connexions Advisor:</u> Name: Address: Post Code:	Telephone No: Mobile No: E-mail address:

MEDICAL INFORMATION

Diagnosis:

<u>Prescribed Medication:</u>	How is this taken?		
	Orally	Rectally	Self-medicated
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allergies/Drug Sensitivity (eg foods, pollen, animals or latex):
1.
2.
3.

THERAPISTS

Do you receive any therapies? If so, please give brief details	
Yes/No	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Physiotherapy:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupational:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech and Language:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychologist:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:

MEDICAL HISTORY

Do you have a history of any of the following? (Please indicate YES or NO in boxes)	
If YES please give details below	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy:
If Yes:	How often do you have a seizure:
	How long do the seizures last:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you recognise when you are going to have a seizure? (Please give brief details)

	If yes, please give details below:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Conditions:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Mental Health Concerns/Difficulties:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Depression/Anxiety:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma:
Yes <input type="checkbox"/> No <input type="checkbox"/>	High Blood Pressure:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Eating Disorders:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Breathing Difficulties (eg Tracheotomy, Oxygen, Restriction or Repeated Chest Infections):

Additional Information not already mentioned (including any further medical/therapy involvement)

Please include any relevant contact details:

COMMUNICATION SKILLS

What things help you understand people's speech?

Eg: Makaton signing, photos, objects etc

How do you express yourself? (Please give details)

Speech	
Signing/Non Verbal	
Communication aid(s)	

Do you receive Speech and Language Therapy(SaLT)?

Yes

No

If yes, please provide SaLT therapist's name:

HEARING

Do you require support with your hearing?

Yes

No

If yes, please provide details:

VISION

Do you wear glasses?

Yes

No

If so when do you need to wear them?

Do you have any visual impairment or blindness?

(eg colour blind)

Yes

No

If yes, please provide details:

MOVING: HANDLING AND MOBILITY

Do you have any mobility difficulties?

Yes

No

If yes, please provide details:

Do you use any special equipment?

Yes

No

If yes, please provide details:

SENSORY NEEDS

Do you have any sensory sensitivities?

Yes

No

If yes, please provide details:

Do you have a sensory diet provided by an Occupational Therapist (OT)?

Yes

No

Do you use any sensory equipment regularly?

Yes

No

If yes, please provide details:

PERSONAL CARE

Do you require any assistance with personal care?

Yes

No

If yes, please provide details:

EMOTIONAL WELL BEING

Emotional Issues

We would be grateful if you would provide us with any information about your emotional wellbeing that may help us to help you whilst at Merton College, eg behaviours of concern, anxiety, depression, self-harm, vulnerability, bullying, etc

If yes, please provide details:

COUNSELLING

If you have received any counselling or other professional psychological support we would be grateful if you would provide us with any information that is relevant to this application and you are happy to divulge.

OTHER INFORMATION

Why do you want to come to the Aurora Centre, Merton College?

Please tell us about the hobbies and interests you enjoy with vocational areas you are interested in:

EDUCATIONAL ATTAINMENT

Please give details below

P-Levels:

Milestone Levels:

Accreditation:

ASDAN:

GCSE:

Other:

The above information is strictly confidential and not for general circulation.

HOW WE USE YOUR PERSONAL INFORMATION

Privacy Statement 2018/2019

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

Government and Funding Agencies

We are required to share your data with certain Government and funding agencies in order to meet our contractual and legal obligations, specifically the Education and Skills Funding Agency (ESFA) and the Office for Students (OFS).

The ESFA will share your data with the Department for Education (DfE) and the European Social Fund (ESF) Managing Authority.

Further information can be found here:

ESFA <https://www.gov.uk/government/publications/esfa-privacy-notice>

OFS <https://www.officeforstudents.org.uk/privacy/>

Local Authorities

Under the Education and Skills Act 2008, Local Authorities have a duty to track participation of all 16 to 17 year olds resident in their area, and to make arrangements for those not in education or training. In some cases, the Local Authority commission a 3rd party to help fulfil their duties on their behalf.

The College is required to share your data with your Local Authority in order for them to fulfil these duties, if you fall into one or more of the following categories:

- 16 to 17 years of age
- a vulnerable adult in care of the Local Authority or previously in care of the Local Authority
- 18-24 years old with an Education Health Care Plan (EHCP).

If you require further information on how we use your data, please refer to the South Thames College Group's General Data Protection Regulations Procedures.

Please tick*		Please tick*	
WHITE		MIXED	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Other British	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
		Other Mixed	<input type="checkbox"/>
ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>		
CHINESE OR OTHER ETHNIC GROUP			
Chinese	<input type="checkbox"/>		
Other Ethnic Group	<input type="checkbox"/>		

* The College operates a rigorous Equal Opportunities Policy and response to this question does not affect in any way the admissions process

Signed:

Status/Relationship to student:

Date: