

## APPLICATION FORM

Learner's Name: \_\_\_\_\_

School/College: \_\_\_\_\_

Name of Person completing form: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

Place required from: \_\_\_\_\_

Please let us have a photograph here!

**Which programme are you applying for:-**

(please ✓ as applicable)

**Life Skills**

**Further Education**

**Employability**

**Community Learning & Development**

**Work Based Learning**

**Life Long Learning**

## **Privacy Notice How We Use Your Personal Information**

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN).

The information you provide may be shared with other organisations for education, training and employment-related purposes, including for research. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time learners are approached to take part in surveys by mail and phone, which are aimed at enabling the ESFA, its partners and other funders to monitor performance, improve quality and plan future provision. I agree that information gathered through the assessment process at Landmarks, including the taster day, and information supplied by other agencies and any associated reports can be shared with relevant staff at Landmarks, the appropriate funding authority and any other relevant organisations in support of the application for the potential learner.

I agree that Landmarks can contact any of the people/agencies listed below to support them in the process of assessing the needs of the potential learner:

- **School/College - or other placement**
- **Social Services**
- **Connexions/Futures Advice/LDD Adviser**
- **Psychology and/or Psychiatry**
- **Speech & Language Therapy**
- **Occupational Therapy**
- **Physiotherapy**
- **Others as applicable**

Signed \_\_\_\_\_ Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to:

**Gail Mason**  
**Recruitment Co-ordinator**  
**Landmarks**  
**Littlemoor House**  
**Littlemoor**  
**Eckington**  
**Sheffield**  
**South Yorkshire**  
**S21 4EF**

**Telephone: 01246 433788 / Fax: 01246 433073**

## LEARNER'S PERSONAL DETAILS

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred to be known as: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Name of contact – parent/guardian/carer: \_\_\_\_\_

Are you in the Care of the Local Authority? Yes  No

If yes, please provide

Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship to learner: \_\_\_\_\_

Address of - parent/guardian/carer: if different from above \_\_\_\_\_

\_\_\_\_\_

Telephone and Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

How would you prefer Landmarks to contact you: Post  E-mail

National Insurance No: \_\_\_\_\_

Religious/Cultural needs, please include details of any specific personal needs: \_\_\_\_\_

\_\_\_\_\_

Ethnicity – please ✓ as applicable:

**White:**

British  
Irish  
Other British

**Asian or Asian British:**

Indian  
Pakistani  
Bangladeshi  
Other Asian

**Mixed:**

White & Black Caribbean  
White & Black African  
White & Asian  
Other Mixed

**Black or Black British:**

Caribbean  
African  
Other Black

**Chinese or other Ethnic Group:**

Chinese

**Other Ethnic Group:**

Please specify

## PROFESSIONAL AND AGENCY DETAILS

**School/College Contact:** \_\_\_\_\_

Role: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone and Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Connexions or LDD Adviser Contact:**

Name of Personal Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone and Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Social Worker:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone and Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name of Local Education Authority** \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone and Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

## LEARNING DIFFICULTY AND/OR DISABILITY

Name of primary difficulty/disability: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

How does the learning difficulty/disability affect learning: \_\_\_\_\_

Medication Prescribed:	How is this taken?			
	Orally	Rectally	When taken?	Self-medicated?
1.				
2.				
3.				
4.				

Pen Portrait - please give a brief description of the learner's personality, likes and dislikes

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Please give details of what activities the learner is interested in when attending Landmarks

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## MEDICAL INFORMATION

**GP:**

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Any allergies/drug sensitivity** (e.g. foods, pollen/plasters) \_\_\_\_\_

**Please indicate with a (✓) if agreeable to plaster being administered if necessary whilst at College**

**Does the learner require access to regular nursing care? If so, please give details**

**Does the learner have a history of any of the following?**

Epilepsy: **Yes/No**

If yes: \_\_\_\_\_

The frequency of the seizures? \_\_\_\_\_

How long do they last? \_\_\_\_\_

What intervention is required? \_\_\_\_\_

Does the learner recognise when they are going to have a seizure?

If so please give details

**Please ensure a Care Plan for the Administration of Buccal Midazolam is attached.**

Diabetes: \_\_\_\_\_

Heart problems: \_\_\_\_\_

Mental health problems: \_\_\_\_\_

Anxiety/Depression: \_\_\_\_\_

Asthma: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Breathing difficulties: \_\_\_\_\_

Hearing difficulties: \_\_\_\_\_

Visual difficulties: \_\_\_\_\_

Do you smoke? If so, how many per day? \_\_\_\_\_

**Please indicate by ticking in the table below which vaccinations have been given and the dates these were administered.**

Given?				Given?			
Vaccination	Dates	Yes	No	Vaccination	Dates	Yes	No
Tetanus				Meningitis			
Diphtheria				MMR			
Polio				Tuberculosis			
Hepatitis B				Others:			

**Therapists: (please include telephone numbers where possible)**

Physiotherapy \_\_\_\_\_

Occupational \_\_\_\_\_

Speech & Language \_\_\_\_\_

Psychologist \_\_\_\_\_

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CURRENT SITUATION

Please provide details of where the learner lives and with whom? \_\_\_\_\_

Do they have brothers and sisters? \_\_\_\_\_

If so, how do they get on? \_\_\_\_\_

Do they have friends or extended family that they see regularly? \_\_\_\_\_

How self-sufficient is the learner? \_\_\_\_\_

Can they eat and drink without assistance? \_\_\_\_\_

Can they make a hot drink or sandwich? \_\_\_\_\_

Can they use a microwave? \_\_\_\_\_

Do they need help with personal care (feeding, toileting, washing etc.)? please detail support needs if required. \_\_\_\_\_

Can they dress and undress without assistance? \_\_\_\_\_

Can they choose appropriate clothes for the weather or occasion? \_\_\_\_\_

Are they able to show awareness of danger, both inside and outside the home? \_\_\_\_\_

Are they able to tell the time? \_\_\_\_\_

Can the learner use money? \_\_\_\_\_

Are they able to recognise prices and relate them to coins? \_\_\_\_\_

Do they have access to a computer or social media sites? If so, are they familiar with on-line safety? \_\_\_\_\_

Are other languages spoken at home? If so, please give details



**Please let us know the following:-**

Mood: Is the learner's mood predictable and consistent or variable? What affects this?	
What type of situations upset the learner?	
Depression: does the learner experience low mood?	
Anxiety: does the learner experience anxiety? what are the triggers to this? How does the learner cope with this and what support do they need?	
Routine: How much routine does the learner require to manage their life?	
Does the learner cope well without routine/changes to routine?	
Does the learner have any obsessive or compulsive behaviours or thoughts?	

**Self-Awareness** – please comment

If upset can the learner talk about how they feel and why they are upset?	
How does their mood affect their behaviour?	
What signs will we see if the learner is upset/worried etc.?	
Is the learner inclined to express 'troubles' through behavioural rather than verbal communications?	
Describe their ability to manage variations in their moods?	
Can they identify ways to calm themselves and carry it out alone or with support and/or supervision?	

**Empathy and Socialisation** – please comment

Does the learner have friends?	
Does the learner need help to make friends?	
Does the learner initiate conversations with their peers?	
Does the learner respect the thoughts of others and their feelings?	
Does the learner recognise that others may have different views than themselves?	
Are they able to work with a small group?	
Does the learner rely on sympathetic adults for social interaction? Is the learner able to read how others are feeling based on their facial expression or body language and gesture?	
Is the learner able to recognise different types of relationships? Formal/informal and the appropriateness of interaction depending on the relationship and circumstance. (i.e. are they able to adapt to different social situations?)	
Is the learner able to deal with, resolve or avoid conflict?	

## EDUCATIONAL DETAILS

### ENGLISH/LITERACY

Please provide evidence of the level of Literacy at which the learner currently functions:

Current Reading Level : \_\_\_\_\_

Current Writing Level: \_\_\_\_\_

Assessment used and date: \_\_\_\_\_

Comments: \_\_\_\_\_

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### MATHEMATICS/NUMERACY

Please provide evidence of the level of Numeracy at which the learner currently functions:

Current Maths Level: \_\_\_\_\_

Current Level: \_\_\_\_\_

Assessment used and date: \_\_\_\_\_

Comments: \_\_\_\_\_

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## TEACHING STRATEGIES

How does the learner learn best? What is their preferred learning style?

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivates the learner?

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any particular activities that the teacher should avoid in working with this learner?

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the learner have behavioural and/or emotional difficulties? If so, **please provide Behaviour Management Plan.**

YES  NO

If yes, what strategies are in place to support the learner?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRE-COURSE ASSESSMENT

### What are the learner's aspirations?

Would you like to work? If so, which vocation and where?	
Independent or Supported Living?	
Further Education and/or Training	
Leisure Activities	
Independent Travel	
Other?	

### Which of the following experiences has the learner had?

Travel	
Work Experience	
Residential Trip(s)	
Day Visits	
Sports/Leisure activities	
Home Management Skills e.g.: Cooking, Ironing, Cleaning,	

What money handling skills does the learner have? Are they able to manage their own money?

Please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you receive 1 to 1 support within the classroom? If so, how does this help you?

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Do you receive 1 to 1 support outside the classroom? (e.g. accessing the community)

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<b>What qualifications has the learner achieved?</b>		
Achieved	Level	Date

<b>What qualifications, if any, is the learner likely to achieve before leaving school?</b>		
Likely to Achieve	Level	Date

## COMMUNICATION DETAILS

Does the learner have any problems with their understanding of speech?

YES  NO

Please give details:

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How does the learner communicate?

Verbal  Non-verbal (e.g. noises/signing/gestures/body language/symbols):

Please give details:

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If verbally, please ✓ and make brief comment as appropriate:-

Using single words and/or signs? \_\_\_\_\_

Using short phrases & sentences, greetings etc.? \_\_\_\_\_

Able to make needs & feelings known? \_\_\_\_\_

Able to understand simple instructions in familiar situations? \_\_\_\_\_

Able to understand more complex instructions in less familiar surroundings? \_\_\_\_\_

Able to read single words and simple phrases? \_\_\_\_\_

Able to read a short story or a newspaper article? \_\_\_\_\_

Able to recognise everyday words e.g. Toilet/ Tesco/ Fire Exit and other symbols \_\_\_\_\_

Does the learner have any problems with social communication (e.g. social skills, conversation skills, making friends, understanding others feelings etc.)? \_\_\_\_\_

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## ACCESS REQUIREMENTS

**Does the learner require a large font size? If so, please state what font size works best for them** \_\_\_\_\_

Does the learner require the screen zoom settings (e.g. ) to be set differently?

Yes \_\_\_\_\_% No \_\_\_\_\_ (✓)

How does the learner access the computer? (✓)

Direct Access \_\_\_\_\_ Using a switch \_\_\_\_\_ Other \_\_\_\_\_

If the learner is a direct access user, what equipment do they use? (✓)

Standard Keyboard  Standard Mouse

Big Keys Keyboard  Expanded Keyboard

Rollerball Mouse  Joystick mouse

Other: \_\_\_\_\_

If the learner uses a switch to access the computer, what type of switch do they use?

\_\_\_\_\_



Does the learner use any specialist software when using a computer? If so, please state:

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**All application should be supported by supplementary documentation  
(please tick if enclosed):**

	Yes	No	N/A
Statement of SEN			
Annual Review Report			
Education Health Care Plan (Draft and/or Final)			
School Reports			
<b>Education Certificates (copies of certificates)</b>			
Community Care Assessment			
Diagnostic information			
Transition Plan			
Social Services Reports			
Behaviour Management Plan			
Risk Assessment			
Personal Education Plan			
Psychological & Psychiatric Reports			
Learner Photograph			
Visual Impairment Reports			
Communication Guidelines			
Eating & Drinking Guidelines			
Sensory Reports			
Care Plans (inc Administration of Buccal Midazolam)			

**Please provide COPIES only**