

## Application Form

We aim to make the application process as straight forward as possible.  
You can find a guide to our application process online [www.landmarks.ac.uk](http://www.landmarks.ac.uk)

### Part 1A: Basic Information

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**School / College**

\_\_\_\_\_  
If anyone has helped you complete this form, please give their name

\_\_\_\_\_  
Relationship To You

/ /

\_\_\_\_\_  
**Place Required From** (Date)

Which programme are you applying for:-  
(Please ✓ as applicable)

- Life Skills
- Further Education
- Employability
- Community Learning & Development
- Work Based Learning
- Lifelong Learning

Please let us have a photograph here!

# Part 1B: Privacy Notice How We Use Your Personal Information

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## Privacy Notice How We Use Your Personal Information

The personal information you provide is shared with the Education & Skills 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: [www.gov.uk/government/organisations/education-and-skills-funding-agency](http://www.gov.uk/government/organisations/education-and-skills-funding-agency).

At no time will your personal information be passed to organisations for marketing or sales purposes. 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 a potential learner:

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

Signed (potential learner) \_\_\_\_\_

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

Signed parent/carer \_\_\_\_\_

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

Date \_\_\_\_\_

### Please return completed form to:

Learner Recruitment

Landmarks | Littlemoor House | Littlemoor | Eckington | Sheffield | South Yorkshire | S21 4EF

Telephone: 01246 433788 | Fax: 01246 433073 | Email: [recruitment@landmarks.ac.uk](mailto:recruitment@landmarks.ac.uk)

## Part 2: Your Information

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Surname

Male

Female

First Name(s)

Preferred to be known as

Date of Birth

/ /

Address

Post Code

Telephone and Mobile No.

Pen Portrait - please give a brief description of your personality, likes and dislikes

Please give details of what you are interested in when attending Landmarks

## Part 2: Your Information

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### Name of Contact - parent/guardian/carer

Are you in the care of the Local Authority? Yes  No   
*(If yes please provide details below)*

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Contact Name

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Number

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Relationship to Learner

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

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Post Code

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Telephone and Mobile No.

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E-mail Address

How would you prefer us to contact you? Post  Parent Mail  Email

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National Insurance No:

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Religion/Cultural needs, Please include details of any specific personal needs

**Ethnicity** - Please circle as applicable:

**White Group:**

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:**

Chinese

**Other Ethnic Group:**

Please specify

**Are other Languages spoken at home?**

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# Part 3A: Professional and Agency Details

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

\_\_\_\_\_  
Role

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone and Mobile No.

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
**SEND or LDD Adviser Contact**

\_\_\_\_\_  
Role

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone and Mobile No.

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
**Social Worker**

\_\_\_\_\_  
Role

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone and Mobile No.

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Role

\_\_\_\_\_  
Telephone and Mobile No.

\_\_\_\_\_  
E-mail Address

## Part 3B: Therapists *(please include telephone numbers where possible)*

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Occupational

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Telephone and Email

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Speech & Language

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Telephone and Email

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Physiotherapy

---

Telephone and Email

---

Psychologist

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Telephone and Email

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Other

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Telephone and Email

## Part 4: Learning Difficulty and/or Disability

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**Name of primary difficulty/disability**

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Additional difficulties/disability

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How does the learning difficulty/disability affect learning?

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*Please provide details*

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## Part 5: Medical Information

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How do you take your medication?			
Medication Prescribed	When is this taken?	Do you need help to take this?	Do you need to be reminded to take this?
1.			
2.			
3.			
4.			

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GP's Name

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Address

---

Post Code

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Telephone and Mobile No.

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Any Allergies / drug sensitivity (e.g. foods, pollen, plasters)

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Please tick if agreeable for a plaster to be administered if necessary whilst at College

# Part 5: Medical Information

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**Do you have a history of the following?**

Do you suffer from Epilepsy? Yes  No

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*If Yes: The frequency of the seizures*

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How long does it last?

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What intervention is required?

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Do you recognise when you 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: Yes  No  *If yes please provide details* \_\_\_\_\_

High blood pressure: Yes  No  *If yes please provide details* \_\_\_\_\_

Heart problems: Yes  No  *If yes please provide details* \_\_\_\_\_

Mental Health problems: Yes  No  *If yes please provide details* \_\_\_\_\_

Anxiety / Depression: Yes  No  *If yes please provide details* \_\_\_\_\_

Asthma: Yes  No  *If yes please provide details* \_\_\_\_\_

Breathing Difficulties: Yes  No  *If yes please provide details* \_\_\_\_\_

Hearing Difficulties: Yes  No  *If yes please provide details* \_\_\_\_\_

Visual Difficulties: Yes  No  *If yes please provide details* \_\_\_\_\_

Do you Smoke? Yes  No  If so, how many per day? \_\_\_\_\_



## Part 5: Medical Information

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

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

## Part 6: Preparation for Adulthood

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Please provide details of where you live and with whom?

Do you have brothers and sisters? Yes  No

*If yes please provide details*

Do you have friends or extended family that you see regularly?

What tasks can you do independently?

What do you need help with?

## Part 6: Preparation for Adulthood

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Can you eat and drink without assistance? Yes  No

Can you make a hot drink or sandwich? Yes  No

Can you use a microwave? Yes  No

Do you need help with personal care (feeding, toileting, washing etc.)? Yes  No

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*If yes please provide details*

Can you dress and undress without assistance? Yes  No

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*If no please provide details*

Can you choose appropriate clothes for the weather or occasion? Yes  No

Are you able to show awareness of danger, both inside and outside? Yes  No

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*If no please provide details*

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Are you able to tell the time? Yes  No

Can you use money? Yes  No

Are you able to recognise prices and relate them to coins? Yes  No

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*If yes please provide details*

Do you have access to a computer or social media sites? Yes  No

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*If yes please provide details*

Can you use a computer or social media safely? Yes  No

## Part 6: Preparation for Adulthood

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Please let us know the following:

Mood: Is your mood predictable and consistent or variable? What affects this?	
What type of situations upset you?	
Depression: do you experience low mood?	
Anxiety: Do you experience anxiety? What are the triggers to this? How do you cope with this and what support do you need?	
Routine: How much routine do you require to manage your life?	
Can you cope well without routine/ changes to routine?	
Do you have any obsessive or compulsive behaviours or thoughts?	
If upset, can you talk about how you feel and why you are upset?	
How does your mood affect your behaviour?	
What signs will we see if you are upset/ worried etc.?	
Are you inclined to express periods of difficulty through behavioural rather than verbal communications?	
Describe your ability to manage variations in your moods?	
Do you use self-help or calming strategies? If so, what are these?	

## Part 6: Preparation for Adulthood

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

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?	

# Part 6: Preparation for Adulthood

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Which of the following experiences have you had?

Travel: Yes  No  \_\_\_\_\_  
*If yes please provide details*

Work Experience: Yes  No  \_\_\_\_\_  
*If yes please provide details*

Residential Trip(s) Yes  No  \_\_\_\_\_  
*If yes please provide details*

Day Visits: Yes  No  \_\_\_\_\_  
*If yes please provide details*

Sports/Leisure Activities: Yes  No  \_\_\_\_\_  
*If yes please provide details*

Home Management Skills  
e.g. Cooking, Ironing,  
Cleaning Yes  No  \_\_\_\_\_  
*If yes please provide details*

Any Other? \_\_\_\_\_  
*If yes please provide details*

# Part 7: Your Achievements

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## English/Literacy

Please provide evidence of the level of Literacy at which you currently function:

\_\_\_\_\_ Current Reading Level      \_\_\_\_\_ Current Writing Level      \_\_\_\_\_ Assessment used and date

\_\_\_\_\_ Comments

## Mathematics/Numeracy

Please provide evidence of the level of Literacy at which you currently function:

\_\_\_\_\_ Current Maths Level      \_\_\_\_\_ Assessment used and date

\_\_\_\_\_ Comments

## Part 7: Your Achievements

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What other qualifications have you achieved?		
Achieved	Level	Date

What qualifications if any, are you likely to achieve before leaving school?		
Likely to Achieve	Level	Date

Do you receive 1:1 support within the classroom? Yes  No

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*If so, how does this help you?*

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Do you receive 1:1 support outside the classroom? Yes  No

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*Comments (e.g. accessing the community)*

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## Part 8: Learning Strategies

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How do you learn best? What is your preferred learning style?

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*Please provide details*

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What motivates you?

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*Please provide details*

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Are there any particular activities that we should avoid in working with you?

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*Please provide details*

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Do you have behavioural and/or emotional difficulties? Yes  No   
*If so please provide **Behaviour Management Plan**.*

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*If yes, what strategies are in place to support you?*

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## Part 9: Communication Details

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Do you have any problems with your understanding of speech? Yes  No

Please provide details

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How do you communicate? Verbal  Non-Verbal   
*e.g. noises, signing, gestures, body language, symbols*

Please provide details

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**If verbal, please  $\checkmark$  and make a brief comment as appropriate**

	Tick	Comments
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?		
Are you able to read single words and simple phrases?		
Able to read a short story or a newspaper article?		
Able to recognise everyday words? <i>e.g. Toilet, Fire Exit, and other symbols.</i>		
Do you have any problems with social communication? <i>e.g. social skills, conversation skills, making friends, understanding others feelings etc.</i>		



## Part 10: Access Requirements

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Do you require a larger font size? Yes  No  \_\_\_\_\_  
*If yes please provide details*

Do you require the screen zoom settings to be set differently? Yes  \_\_\_\_\_% No

How do you access the computer?

Direct Access  Using a switch  Other  \_\_\_\_\_  
*If yes please provide details*

If you are a direct access user, what equipment do you use?

Standard Keyboard  Standard Mouse

Big Keys Keyboard  Expanded Keyboard

Rollerball Mouse  Joystick Mouse

Other  \_\_\_\_\_  
*If yes please provide details*

If you use a switch to access the computer, what type of switch do you use?

\_\_\_\_\_  
*Please provide details*

Do you use any specialist software when using a computer?

\_\_\_\_\_  
*Please provide details*

\_\_\_\_\_

\_\_\_\_\_

# All applications should be supported by supplementary documentation (please ✓ enclosed)

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	Yes	No	N/A
Annual Review Report			
Education Health Care Plan (Draft and/or Final)			
School Reports			
Education Certificates (copies of certificates)			
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**