

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

Basic Information

Your Name

School/College

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

Their Name

Relation to You

Placement Date

Select Programme

- Further Education Choices
- Developing Independence
- Employability
- Lifelong Learning

Please let us have a photograph here!

Privacy Notice How We Use Your Personal Information

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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.

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

Your Information

First Name

Last Name

Gender

Preferred to be known as

Sexual Orientation

Date of Birth

Religious/Cultural Needs

Ethnicity

Spoken Languages

National Insurance Number

Address

House Number

Street Name

City

Postcode

Phone Number

Mobile Number

A bit about you

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

If older than 18, have you previously been in the care of your Local Authority

Carer details

Name of Contact

Parent/Guardian/Carer

Phone Number

Mobile Number

Email Address

Preferred Method of Contact

Religious/Cultural Needs

Ethnicity

Spoken Languages

Professional and Agency Details

School/College Contact

Role

House Number

Street Name

City

Postcode

Phone/Mobile Number

Email Address

SEND or LDD Adviser Contact

Role

House Number

Street Name

City

Postcode

Phone/Mobile Number

Email Address

Social Worker

Role

House Number

Street Name

City

Postcode

Phone/Mobile Number

Email Address

Local Authority

Role

Phone/Mobile Number

Email Address

Learning Difficulty and Disability

Primary Learning Difficulty and/or Disability

Additional Difficulties/Disability

How does the learning difficulty/disability affect learning? (including behaviour/mood/anxiety)

Medical Information

Do you take any medication?

Yes

No

1. Medication Prescribed

When is this taken?

I need help taking this

I need to be reminded to take this

2. Medication Prescribed

When is this taken?

I need help taking this

I need to be reminded to take this

3. Medication Prescribed

When is this taken?

I need help taking this

I need to be reminded to take this

4. Medication Prescribed

When is this taken?

I need help taking this

I need to be reminded to take this

5. Medication Prescribed

When is this taken?

I need help taking this

I need to be reminded to take this

Your GP

House Number

Street Name

City

Postcode

Phone Number

Mobile Number

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

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

Do you have a history of the following?

Do you have epilepsy?

Yes

No

What is the frequency of your seizures?

How long do they last?

What intervention is required?

Do you recognise when you are going to have a seizure? If so please provide details

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

If yes please provide details

Diabetes:

Yes

No

High blood pressure:

Yes

No

Heart problems:

Yes

No

Mental Health problems:

Yes

No

Anxiety / Depression:

Yes

No

Asthma:

Yes

No

Breathing Difficulties:

Yes

No

Hearing Difficulties:

Yes

No

Visual Difficulties:

Yes

No

Do you Smoke?

Yes

No

Please indicate by ticking below which vaccinations have been given.

Tetanus: Yes No

Diphtheria: Yes No

Polio: Yes No

Hepatitis B: Yes No

Meningitis: Yes No

MMR: Yes No

Tuberculosis: Yes No

Other: Yes No

If yes please provide details

Preparation for Adulthood

Please provide details of who you live with

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

What tasks can you do independently?

What do you need help with?

Do you need help with personal care
(feeding, toileting, washing etc.)?

Yes

No

If Yes, please provide details

Work Experience

Have you ever had any Work Experience?

Yes

No

If yes, what did you do?

What job do you want in the future?

Have you ever had an interview with a Careers Adviser? Yes No

Do you want to achieve. . . (tick all that apply)

Supported Voluntary Work

Paid Work

Voluntary Work

Self Employed

(I don't know, I need help with this)

Your Qualifications & Achievements

English/Literacy

What is your highest qualification in English?

Comments

Mathematics/Numeracy

What is your highest qualification in Maths?

Comments

Learning Strategies

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

If yes, how does this help you?

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

If yes, how does this help you?

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

What motivates you?

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

Communication Details

Do you have any problems with your understanding of speech

Yes

No

If yes, please provide details?

How do you communicate? e.g. noises, singing, gestures, body language, symbols

Yes

No

If yes, please provide details?

Access Requirements

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

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

Do you use any specialist software when using a computer?

All Applications Should be Supported by Supplementary Documentation (please tick enclosed)

	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