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| Please send completed form via post or email to:Seva Care Group - Admissions16 College RoadHarrowHA1 1BEp: 020 8422 2999 e: info@sevacaregroup.com |
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| Application FormIn order for the Seva Education to make an informed decision about whether our services would be an appropriate placement to meet the student’s needs, it is essential that our team receive current and accurate information.Please complete as much as possible, Any gaps can be discussed and completed at the time of assessment. |
| Preferred start date: |  |
|  |
| **Person completing form** |
| Full name |  | Address |  |
| Phone  |  |
| Mobile |  |
| Email  |  |
| Relationship to student |  | Postcode |  |
| ConfidentialityInformation relating to an individual’s disability is classified as sensitive personal data. Information given in this form will be controlled under data protection legislation and will be processed both manually and electronically for these purposes.The information you provide may need to be shared with other agencies (e.g. medical professionals or social services) and those involved in the care of the student (residential staff, SLPs, tutors, etc.) If there are any individuals or organisations (including the person cared for) that you prefer us not to share this information with, please provide their details below and your wishes will be respected. |
| Name | Agency | Address |
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| DeclarationI understand that the following information given in this application may be shared with people involved in the admissions process within Seva Education, and if successful this application form will form the basis of the student’s file. I confirm that all information provided is true and correct to the best of my knowledge. I consent to Seva Education processing, by means of a computer database or otherwise, any information I provide for the purpose of admissions and, if successful, will be retained and used for their student file, in accordance with the Data Protection Act 2018. |
| Person completing form |  | Date |  |
| Signature of person completing the form |  |
| Student signature |  | Date |  |
| Student Details |
| **About the student** |
| Full name |  | Address |  |
| Phone / Mobile number |  |
| Date of birth |  |
| Primary language spoken |  | Postcode |  |
| Gender | [ ]  Male [ ]  Female  [ ]  Prefer Not to Say  | National Insurance no. |  |
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| **Emergency Contacts** |
| Name |  | Name |  |
| Phone |  | Phone |  |
| Mobile |  | Mobile |  |
| Email |  | Email |  |
| Address |  | Address |  |
| Relationship |  | Relationship |  |
|  |
| **Local Authority information** |
| Funding LA |  | Address |  |
| Contact name |  |
| Phone number |  |
| Email address |  | Postcode |  |
|  |
| **Educational Advisor** |
| Name |  | Address |  |
| Phone number |  |
| Email address |  | Postcode |  |
|  |
| **Social Worker** |
| Name |  | Address |  |
| Phone number |  |
| Email address |  | Postcode |  |
| Family Background |
| **Primary Carer information** |
| Primary Carer |  | Address |  |
| Relationship to student |  |
| Phone number |  |
| Mobile number |  |
| Email address |  | Postcode |  |
| Do you have sole parental responsibility?  | [ ]  yes [ ]  no |
| If no, please provide full details of who also has parental responsibility. |

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| **Legal status** |
| Please tick all that apply: [ ]  Lives with Biological Parents [ ]  Adopted [ ]  Subject to a Child Protection Plan [ ]  Care Leaver [ ]  Accommodated under Section 20 of the Children’s Act 1989 [ ]  Accommodated under Section 31 of the Children’s Act 1989  |
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| Medical Background |
| **Current GP** |
| Name |  | Address |  |
| Phone number |  |
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| **Learning difficulty or other diagnoses** |
| Details of diagnosis | Date diagnosed | Name of clinician |
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 **Please provide brief details where your answer is “yes” to any question.** |
| Student’s NHS number |  |
| Does the student have any longstanding medical conditions? | [ ]  yes [ ]  no |  |
| Is the student currently prescribed medication? | [ ]  yes [ ]  no |  |
| Was the student previously on any medication that has since been stopped? | [ ]  yes [ ]  no |  |
| Does the student have a history of epilepsy, seizures, fits and/or absences? (If yes, please complete the epilepsy questionnaire following the application) | [ ]  yes [ ]  no |  |
| Does the student have any hearing difficulties? | [ ]  yes [ ]  no | Date of last test--/--/---- |  |
| Does the student have any visual difficulties? | [ ]  yes [ ]  no | Date of last test--/--/---- |  |
| Does the student wear glasses? | [ ]  yes [ ]  no |  |
| Does the student have any special dietary requirements? | [ ]  yes [ ]  no |  |
| Does the student have any allergies? | [ ]  yes [ ]  no |  |
| Does the student receive any specialist therapy (e.g. SALT, OT, counselling)? | [ ]  yes [ ]  no |  |
| Does the student have any communication difficulties? | [ ]  yes [ ]  no |  |
| Does the student require any communication aids? | [ ]  yes [ ]  no |  |
| **Mental Health, please provide details where your answer is “yes” to any question…** |
| Does the student have or ever had any mental health conditions? | [ ]  yes [ ]  no |  |
| Does the student have or have they ever had, any involvement with mental health services? | [ ]  yes [ ]  no |  |
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| Mental Health Contact Name |  | Address |  |
| Phone Number |  |

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| Additional Medical and Therapy Requirements (e.g. S&LT, OT, Physiotherapy) |

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| Educational Background |
| **Current or most recent school/college** |
| Name |  | Named contact |  |
| Provision (day or residential, mainstream or specialist, state or private) |  | Address |  |
| Support level (class size, staff-student ratio, additional support) |  |
| Reason for leaving |  |
|  |
| **Previous school/college** |
| Name |  | Address |  |
| Date Attended |  |
| Reason for leaving |  |
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| **Date of most recent Education Health and Care Plan (EHCP)** |  |
| **Qualifications obtained to date; please attach list if numerous.** |
| **Course / Qualification Title** | **Awarding Body** | **Grade Obtained** |
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| **Work Experience** |
| **Name of Placement** | **Details of Placement (including tasks completed, duration and outcome)** |
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| **Student’s key strengths** |  |
| **Student’s areas for development and barriers to learning** |  |
| **Student’s interests and hobbies** |  |
| **Significant Risks to self or others** |  |

Aspirations

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| **Long Term Aspirations** |
| Overarching long term goals:  |  |
| Vocational Aspirations | Type of work: (please tick all that apply)[ ]  Paid [ ]  Unpaid [ ]  Volunteer [ ]  Supported Employment [ ]  Full time [ ]  Part timeNature of work (e.g. retail, horticulture, care, hospitality, office etc.) |
| Independent Living Aspirations | Type of accommodation/ living situation:[ ]  Independent [ ]  Supported Living [ ]  Care [ ]  With peers[ ] On their ownLocation/ Region of accommodation: |
| Social Aspirations | e.g. involvement in clubs, friendships, community activities etc. |
| Health and Wellbeing Aspirations | e.g. Healthy lifestyle, exercise, diet, mediation, stress management, mental health |

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| **Transition Requirements** – please identify any specific actions that should be undertaken to help the transition into placement |

Additional Information

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| Please use this space to note any additional information that you feel it is important for Seva Education to be aware of prior to the initial visit |

You will have the opportunity to provide further information throughout the admissions process. Seva Educaton places the safety and wellbeing of all students, pupils, staff and visitors as our highest priority. Please ensure that you have provided enough information regarding risks to support this.

Consent

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| I consent to Seva Education, seeking more information from previous providers [yes/no]I consent to Seva Education communicating with my local authority and other external professionals [yes/no]Do you consent to us speaking directly with your family about your application? [Yes/No]If yes, would you like this person to act on your behalf during the application process? [yes/No]Please detail the name of this person here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please note that if you are over 16 and have capacity to do so, you must sign the consent form.