

Is there someone we could contact to let us know about what needs you have? (E.g. social worker/CPN/Care co-ordinator)

No	
Yes: (Please give details)	

Would you consider yourself to be vulnerable whilst at College?

No	
Yes: (Please give details)	

In the space below please take time to describe how we can support you during your time at College. Consider including information such as personal behaviours, triggers and suggestions on strategies we can use to support you. This information will be treated as confidential.

I declare that the information on this form is accurate and I hereby consent to the use of this information to support my study with Cornwall College. I will notify the college of any significant changes.

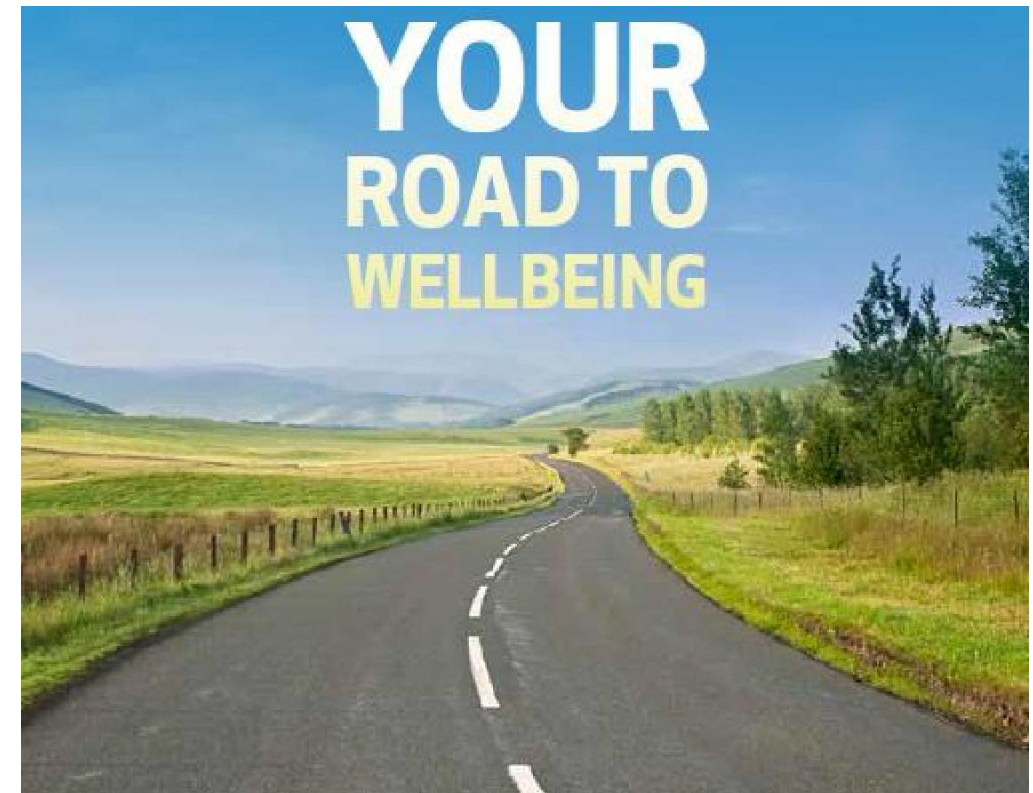
Signature:.....

Date:.....

Further Notes:

CONFIDENTIAL

**APPLICATION FORM
FOR
ROAD TO WELL BEING
COURSES**



MAKING LEARNING WORK

THE CORNWALL COLLEGE GROUP

Please return to:

Tina Fox, Trevithick Court, Cornwall College, TR15 3RD

Tel: 07795334950 01209 616236 tina.fox@cornwall.ac.uk

APPLICATION FORM FOR ROAD TO WELL BEING COURSES

Date of application..... TCCG STAFF.....

New learner I.	Returning learner	Enrolment number	
Last name:		First name:	
Address:			
Tel/mobile number:			
Email:		Date of birth:	
Nationality:			
Course applied for:			
Why have you chosen this course?			
Have you attended a course at Cornwall college before? <small>If yes please give details of the most recent.</small>	Course title:	Date:	
Do you have any unspent criminal convictions?	Yes/No	If you have unspent criminal convictions we will need to refer to our safeguarding team who will contact you to find out more. You will not be able to start the course until this has been clarified.	
Are you employed/unemployed?	Employed / Unemployed		
Are you in receipt of benefits?	Yes/No	If yes please give details:	
NI Number			

Health and Support Needs - This information ensures we can provide you with the support you need whilst studying with us.

Do you consider yourself to have any of the following that may require support?

(please tick as appropriate)

Learning Difficulties		Disabilities	
Moderate learning difficulty		Visual impairment	
Severe learning difficulty		Hearing impairment	
Dyslexia		Disability affecting mobility	
Dyscalculia		Other physical disability	
Dyspraxia		Emotional behavioural condition	
Dysgraphia		Mental health condition	
Attention Deficit Hyperactivity Disorder		Temporary disability after illness	
Autistic spectrum disorder		Asperger's syndrome	
Multiple learning difficulties		Multiple disabilities	
No learning difficulty		No disabilities	

Medical Conditions (Provide notes such as medication requirements)	
Epilepsy	
Asthma	
Diabetes	
Skin conditions e.g. eczema, psoriasis	
Heart/cardiovascular condition	
Pregnancy	
Other (Please specify)	

Do you have any of the following?

Section 139a / DAF4	
Learning Needs Assessment	
Education Health Care Plan (If so, please state date of conversion)	
Previous statement	
My Plan	

If yes to any of the above, do you hold a copy? Yes / No (please circle)

Have you had help from teaching/learning support assistants?

No	
Yes: 1 to 1 (Please specify)	
Yes: Group support	

Have you ever used specialist equipment to help with your learning? (For example, iPad/laptop, magnifiers, coloured paper etc.)

No	
Yes: (Please give details)	