

Orchard Hill College Traineeship Application Form

www.orchardhill.ac.uk/workstart
0345 402 0453
enquiries@orchardhill.ac.uk



Year applied for:

First name:

Surname/Family name:

Gender: Male Female

Date of Birth:

Address:
.....
.....

Residential Care: Supported Living: Family Home:

Do you have an EHCP? (please provide a copy) Yes No

Local Authority:

Home telephone number:

Mobile phone number:

Email address:

National Insurance number:

Currently at: School College Day Centre Other

School/College/Day Centre name:

Parent/Carer name:

Relationship to applicant:

Address (if different from above):

.....

Telephone number:

Emergency contact (if different from parent/carer):

Relationship to applicant:

Telephone number:

Address:

Next of kin (if different from parent/carer):

Next of kin telephone:

Please tick which course you are applying for

Traineeship 19+ Enterprise

In To Work

What do you hope the College course will help you do when you leave?

Employment Community projects

Supported work Unsupported work

Voluntary work Living with support/independently

Self employed work College

Apprenticeship Going out in the community

Are you currently employed?

Yes No

If yes, do you work less than 16 hours a week (and earn less than £330 per month)?

Yes No

Do you have a full Level 2? (BTEC First Diploma or equivalent or 5 A* to C GCSEs)

Yes No

What qualifications do you have?

.....
.....

Medical information

Doctor's name:

Address:

Telephone number:

Immunisations:

Care Manager/Social Worker:

Telephone number:

Email:

Any other services/professionals involved e.g. therapies, doctors, PA/carers?

In order for us to process your application and assess your needs, we may need to contact external agencies such as educational establishments, medical professionals or similar third party agencies. Permission to contact: Yes No

Please provide information about your diagnosis:

About you

Please give details about your work goals e.g. enterprise schemes

Please give details about your community skills e.g. road safety, public transport, money

Please give details about your domestic skills e.g. cooking, shopping

Do you need any help with English and Maths?

If yes, please specify:

Support Needs Information

Do you receive any exam concessions (e.g. scribe, extra time) Yes No

If Yes, please give details:

(If you are unclear as to which boxes to tick, please feel free to discuss with us).

Do you consider yourself to have a learning difficulty? Yes No

If Yes, please tick relevant box:

| | | | |
|---|--------------------------|----------------------------------|--------------------------|
| Moderate Learning Difficulty (MLD) | <input type="checkbox"/> | Autistic Spectrum Disorder (ASD) | <input type="checkbox"/> |
| Severe Learning Difficulty (SLD) | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> |
| Profound or Multiple Learning Difficulties (PMLD) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Do you have any other support needs? Yes No

Do you consider yourself to have a disability? Yes No

If Yes, please tick relevant box:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Disability affecting movement | <input type="checkbox"/> Medical conditions |
| <input type="checkbox"/> Behaviours which challenge | <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Eating, drinking or swallowing disorders | <input type="checkbox"/> Epilepsy |

Any other support needs, please state:

Ethnic Origin (Please tick relevant box)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asian or Asian British Bagladeshi | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Asian or any other Asian |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Black, Black British or any other Black background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed White Asian | <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Mixed - any other mixed background |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> White - any other background | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Prefer not to say | | | |

Religion:

Any religious/cultural needs:

Nationality:

What language is spoken at home?:

How did you hear about Orchard Hill College?

- | | | | |
|---|-------------------------------------|---------------------------------------|---|
| Local Authority <input type="checkbox"/> | LD Advisor <input type="checkbox"/> | Open Day <input type="checkbox"/> | Word of mouth/ recommendation <input type="checkbox"/> |
| Local/national press <input type="checkbox"/> | Website <input type="checkbox"/> | Social Media <input type="checkbox"/> | |

Signed: Date:

Completed by:

Please send to:
Placements Team
Orchard Hill College
25a Worcester Road
Sutton
SM2 6PR

Email: AssessmentsandPlacements@orchardhill.ac.uk
Telephone: 0345 402 0453 Website: www.orchardhill.ac.uk

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