



Area 51 Education Ltd

APPLICATION FORM

First Name:		Age:	
Last Name:		Date of Birth:	
Address:			
		Postcode:	
Home Tel:		Mobile Tel:	
Emergency Contact Name:		Emergency Contact Tel:	

Ethnic Background: Please tick the category you feel applies to you:					
<input type="checkbox"/>	White - British	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>	Indian
<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	White – Black Carribean	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any Other White Background	<input type="checkbox"/>	White – Black African	<input type="checkbox"/>	White - Asian
<input type="checkbox"/>	Black Carribean	<input type="checkbox"/>	Any Other Mixed Background	<input type="checkbox"/>	Any Other Asian Background
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Prefer Not to Say

Name of School (if 19 or under) or Referring Person (over 19):			
E-Mail:		Contact Tel:	
Connexions Adviser:			
E-Mail:		Contact Tel:	
Social Worker:			
E-Mail:		Contact Tel:	
Other Professional Contact:			
E-Mail:		Contact Tel:	
Please tell us how you heard about Area 51?			

Previous Education:	
Education Level: Please give a short summary of your educational achievements to date.	
Qualifications: Please list any qualifications you have achieved at School.	

Support Needs: Please tick the areas you feel you would need support in.					
<input type="checkbox"/>	Moving Around	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Social Situations
<input type="checkbox"/>	Eating & Drinking	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Crossing Roads
<input type="checkbox"/>	PEG Feeding	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>	Using Public Transport
<input type="checkbox"/>	Medication	<input type="checkbox"/>	Communication		
Physical Disability: Please tick those which apply to you.					
<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Blind or visually impaired		
<input type="checkbox"/>	Mobility Difficulties	<input type="checkbox"/>	Deaf or partially hearing		
Briefly describe any aids that you use:					

Medical Needs: Please tick the areas you feel you would need support in.					
<input type="checkbox"/>	Managing Epilepsy	<input type="checkbox"/>	Intravenous drugs (through PEG)	<input type="checkbox"/>	Managing Hayfever
<input type="checkbox"/>	Managing Diabetes	<input type="checkbox"/>	Managing Asthma	<input type="checkbox"/>	Managing Eczema
<input type="checkbox"/>	Taking tablets	<input type="checkbox"/>		<input type="checkbox"/>	
Please describe any other medical conditions not listed above:					
Managing Behaviour: Please tick the areas you feel you would need support in.					
<input type="checkbox"/>	Emotional Distress	<input type="checkbox"/>	Physical Aggression (intentional or non-intentional)		
<input type="checkbox"/>	Absconding	<input type="checkbox"/>	Repetitive		
Please briefly describe any other issues not listed above:					

Supporting Statement: Please ask someone who knows you well to help you complete this section.

Things that you like to do:

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Things that you do not like to do:

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Other activities you are involved in:

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How you communicate:

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Any other relevant information:

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Statement of Confidentiality

This form is confidential to the student, referring agency and Area 51 Education. The information is used to help the student and the college staff to plan an individual programme to meet the student's needs and wishes, taking into account their strengths, interests and areas requiring development. It is also used to ensure the student's safety and well being at Area 51, enabling us to provide a high quality learning experience for the individual and to ensure that the student's experience of further education is positive and successful.

Please note: If important information is not provided during the application process, this could result in Area 51 being unable to meet student needs. Any serious incidents, which occur as a result, could affect the student's place in our service.

Please sign and date the form on completion as being fully accurate to the best of your knowledge and return to the relevant tutor for the course you are applying for.

Referrer's signature:		Date:	
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Applicant's Signature:	
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