

Court Oak Road Harborne Birmingham B 17 9TG
Tel: 0121 428 5050 Fax: 0121 428 5048 E-mail: enquiries@qac.ac.uk www.qac.ac.uk

APPLICATION FOR ASSESSMENT MEDICAL FORM

PERSONAL DETAILS (Block capitals please)

First name(s)	Surname
Gender	Date of Birth
Address	Postcode

Are you visually impaired? YES / NO When was your last vision aid assessment? _____

Are you hearing impaired? YES / NO

Are you a wheelchair user? YES / NO (If YES, Manual / Electric)

Medical Conditions: _____

DETAILS OF GP

First name(s)	Surname
Address	Postcode

DETAILS OF HOSPITAL CONSULTANT

First name(s)	Surname
Name and address of hospital which you attend	
First name(s)	Surname
Name and address of hospital which you attend	

Why do you have appointments with this consultant? _____

Principal and Chief Executive: Bev Jessop BA (Hons) MBA MEd PGCE FCMl
Registered in England No. 3387540 Registered Charity No. 1065794

MEDICATION

Name of tablet / medicine and dosage	Time to be taken	For what condition do you take this medication?

Have you ever had Hepatitis B?

YES/NO

Have you had any other blood borne diseases?

YES/NO (Please detail if yes)

Have you been inoculated against Hepatitis B?

YES/NO

Do you need help to take your tablets / medicines?

YES /NO

Do you have any allergies?

YES/NO (Please detail if yes)

Do you have any phobias/fears?

YES/NO (Please detail if yes)

What help may you require from the College's nurses?

Do you need to see any of the following? (Please tick and state reasons)

Physiotherapist

Speech & Language therapist

educational psychologist

Can the nurses at Queen Alexandra College contact your GP or previous school if further medical information is required? YES / NO

DECLARATION

I declare that to the best of my knowledge, all the information contained on this medical form is correct.

Signature of applicant (or parent/carer if unable to sign)

Date

DATA PROTECTION

Queen Alexandra College is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of the Act.

Queen Alexandra College is required to pass the information that you provide on this form to the Learning and Skills Council or the Residential Training Unit of the Department for Work and Pensions. These public bodies are registered under the Data Protection Act 1998. Their registration is primarily for the collection and analysis of statistical data. They will collect and share this information with other organisations, for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow them and their partners to monitor performance, improve quality and plan future provision.

I hereby give permission under the Data Protection Act 1998 for Queen Alexandra College to process the data on the medical form.

Signature of applicant

Date _____

Please return to: Admissions Officer, Queen Alexandra College, 49 Court Oak Road,
Harborne, Birmingham, B17 9TG.