

STUDENT APPLICATION FORM

Please complete all fields

Year of entry *

Unique Learner Number

Day

Residential

PERSONAL DETAILS (Block capitals please)

First name(s) *	Surname *
Known As *	Gender *
Address *	Date of Birth *
	Age on 31 August on Year of Entry
	Telephone
Postcode	Email
Are you a permanent UK resident? YES/NO	Valid permission to reside in the UK? YES/NO

DETAILS OF PARENTS / GUARDIANS / NEXT OF KIN

Title (Mr/Mrs/Miss/Ms/Dr etc)	First Name	Surname
Address (if different from above)	Relationship	
	Home telephone	
	Mobile telephone	
Title (Mr/Mrs/Miss/Ms/Dr etc)	First Name	Surname
Address (if different from above)	Relationship	
	Home telephone	
	Mobile telephone	

PROGRAMME OF STUDY

Please identify a study programme – if unsure please refer to our website (www.qac.ac.uk) *:

DISABILITY DETAILS

What is your main disability, impairment or learning difficulty? *

Do you have a non-correctable visual impairment? * YES / NO
(please provide details).

Do you have a Hearing Impairment ? * YES / NO (how are you supported with your HI?)

(please provide details).

Do you have any additional disabilities? (please provide details)

DO YOU HAVE DYSPHAGIA OR ANY CONCERNS WITH EATING OR DRINKING: YES/NO
(IF YES PLEASE PROVIDE FURTHER INFORMATION AND A COPY OF THE DYSPHASIA PLAN IF ONE EXISTS)

PLEASE DO NOT LEAVE THIS BLANK – PLEASE INDICATE YES OR NO

Do you have an Education and Health Care Plan (EHCP)? * YES / NO (Please provide copy if possible)

LEARNER SUPPORT DETAILS

Communication and Access

How do you access information:

Print Braille Audio Large print (please specify size)

Do you use Makaton or PECS? Yes/No

Do you use specialist hardware or equipment (e.g. VOCA, computer/alternative keyboard, joystick)

Specialist software (e.g. Jaws, Supernova, Zoomtext, CCTV)

The information you give will help College understand any additional support you may need.

What help or support needs do you have due to your disability / disabilities?

Mobility eg walking frame	Wheelchair User? Yes/No
Therapy (for example speech therapy, occupational therapy, psychology needs)	
Medical (see Medical form to provide additional details)	
Classroom/personal care/help with toileting	
Mental health/wellbeing	
Do you require a speech and language assessment or an OT assessment ? * Yes / No	

EDUCATION AND QUALIFICATIONS (Most recent first) Please complete even if you are sending proof of qualification separately. Do you

Previous School/ College * (if appropriate)	Dates attended: From – To *	Qualifications gained <u>and</u> <u>currently being studied</u> * <small>PLEASE COMPLETE THIS SECTION EVEN IF YOU DO NOT HAVE ANY QUALIFICATIONS. We need to know what level you are working at. (eg Milestones, Pre Entry, Entry Level etc)</small>	Level / Grade *	Date gained or expected

HOBBIES AND INTERESTS

How did you hear about Queen Alexandra College? _____

DIETARY REQUIREMENTS

Do you have any special dietary requirements? Yes / No
If Yes , please detail

Please note that there is a charge for College lunches.

Do/did you receive Free school/college meals? Yes/No
On what grounds were you eligible?

Do you/your immediate family (living in the same household) receive:		
	You	Family
PIP		
Income Support		
ESA		
DLA		
Working Tax Credits		
Other (please state)		

Proof of benefits and income will be required in the Autumn Term before Bursary awards are allocated.

OTHER PEOPLE WE MAY CONTACT

Please give details of any relevant professional/s whom we may contact regarding your application, and complete the consent at the bottom of the page	
Careers Adviser *	GP/Consultant
Name	Name
Address	Address
Telephone No (Day)	Telephone No (Day)
Fax/Email	
School *	Other (e.g. educational/clinical psychologist, speech therapist, social worker)
Name of School	Name
Name of Contact	
Address	Address
Telephone No (Day)	

Fax/Email	Telephone No (Day)
College	Fax/Email
Name of College	
Name of Contact	
Address	
Telephone No (Day)	
Fax/Email	

CONSENT

I hereby give my consent for Queen Alexandra College to obtain reports from the above contacts.

I understand that QAC does not provide a home-college transport service and that there is a charge for lunches/food at College.

Signature of applicant (if able to sign) *

_____ Date _____

Signature of parent/carer *

_____ Date _____

Name of applicant in block capitals _____

As part of your application you will need to complete the enclosed Medical Form. If you are visually impaired a Low Vision Questionnaire will also need to be completed. Please ensure you return the Medical Form, and if appropriate, the Low Vision Questionnaire so that we can make appropriate arrangements for assessment.

The data you supply will be passed to the Learning Records Service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The personal learning record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details on how your data is shared and used by the Learning Records Service and how to change who has access to your record, please see the following website at www.learningrecordsservice.org.uk.

DISCLOSURE OF CRIMINAL CONVICTIONS (To be completed by all applicants)

Because you are applying for an educational placement where you will study with vulnerable young people and adults who are visually impaired or have other disabilities, it is our policy to ask you to disclose any convictions you may have. In the event of placement, failure to disclose past convictions may result in expulsion.

Have you ever been convicted of any criminal offence(s)? * YES / NO

If YES, please give details. _____
(If you wish, you may give details in confidence to the College Principal in a sealed envelope).

DECLARATION

I declare that to the best of my knowledge, all the information contained on this application form and on any additional sheets 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 Local Education Authority 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 application and medical forms.

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

ALL FIELDS MARKED WITH * ARE MANDATORY

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