



Part of Victoria School and
Cherry Oak Federation

Victoria College
A College for People with Profound
and Multiple Learning Disabilities

Bell Hill, Northfield, Birmingham B31 1LD
Tel: 0121 477 0274 E-Mail: d.culwick@victoria.bham.sch.uk

STUDENT APPLICATION FORM

For entry* _____ (date)

Unique Learner Number

OR Immediate

Other

(please indicate as appropriate)

PERSONAL DETAILS (Block capitals please)

First names(s)*	Surname *
Known as*	Gender*
Address *	Date of Birth *
	Age on 31 August 2015
	Telephone
Postcode	E-mail
DETAILS OF PARENT/GUARDIAN/NEXT OF KIN	
Title (Mr/Mrs/Miss/Ms/Dr etc)	First Name Surname
Address (if different from above)	Relationship
	Home telephone
	Mobile telephone
Postcode	

EDUCATION AND QUALIFICATION (Most recent first) If applicant is yet to sit examinations, please advise what level they are currently working at in Level/Grade below.

Secondary School *	Dates From – To *	Accredited Courses Followed	Level / Grade *	Date gained or expected

HOBBIES AND INTERESTS

How did you hear about Victoria College? _____

DISABILITY DETAILS

What is your main disability, impairment or learning difficulty?

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

Do you have a Statement of Special Education Needs? *	YES/NO (please provide copy if possible)
--	---

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

Mobility	Wheelchair User? YES/NO
Therapy (for example speech therapy)	

Medical (Are you likely to require medical support as a result of a medical condition?) Please describe.

--

Classroom/personal assistance/ Help with toileting

--

Do you require a Communication Assessment? Yes/No

DIETARY REQUIREMENTS

Do you have any special dietary requirement? YES/NO

If Yes, please detail

--

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

Connexions Adviser *	GP/Consultant
Name	Name
Address	Address
Telephone no (Day)	Telephone no (day)
Fax/Email	
School *	Other (eg 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	
Name of College	
Name of Contact	
Address	
Telephone No (day)	
Fax/Email	

CONSENT

I hereby give my consent for Victoria College to obtain reports from the above contacts

Signature of applicant * _____ Date _____

Name in block capitals _____

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 to the best of my knowledge, all the information contained in this application form and on any additional sheets is correct.

Signature of applicant * _____ Date _____

DATA PROTECTION

Victoria School and Specialist Arts College is registered under the Data Protection Act 1998. All the information you supply on this form will be processed in accordance with the regulations of the Act.

Victoria School and Specialist Arts 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 my permission under the Data Protection Act 1998 for Victoria School and Specialist Arts College to process the data on the application form and medical forms.

Signature of applicant * _____ Date* _____

ALL FIELDS MARKED WITH * ARE MANDATORY

Please return to: Admissions Officer, Victoria College, Bell Hill, Northfield, Birmingham
B31 1LD