



Bishops House, 5 Kennington Park Place, London, SE11 4AS

0785 176 2736

The Park College is a Special Needs College in Southwark for young people aged 19-25 with autism and/or moderate learning difficulties.

- We help young people with autism to prepare for independent adult life.
- We teach employment skills and support students into work at the end of the course.
- We support students to realise their potential to work and to live independently.
- We encourage students to make informed choices and decisions about things that are important in their lives.
- We prepare young people with autism to move on to the next step in their independent adult lives.

Notes on completion:

Please complete this form in CAPITAL letters.

Complete the form with your parent/carer and provide as much information as possible. The form will be shared with college staff.

Return your completed form to:

The Park College
Bishops House
5 Kennington Park Place
London SE11 4AS

Documents to provide with your application:

EHC Plan

Latest Annual Review Report

Details of qualifications achieved to date

Entry Date: _____ **Local Authority:** _____

PERSONAL DETAILS

First Name(s)	Surname:
Known as:	Gender: Male/Female
Address:	Date of birth:
	1. Home phone number: 2. Parent/carer mobile number: 3. Student mobile number:
Postcode:	Parent/Carer Email: Student email address:
ARE YOU A PERMANENT UK RESIDENT? YES/NO	
Language used:	Religion:
Nationality:	Ethnic Origin:
Place of birth:	National insurance no:
Do you have an EHC Plan?	Yes/No
Disability or learning difficulty (including physical or sensory needs, visual and hearing impairments):	

PARENTS/CARERS INFORMATION

PARENT/CARER 1		PARENT/CARER 2	
Title:		Title:	
Surname:		Surname:	
First name:		First name:	
Relationship to student:		Relationship to student:	
Address (if different)		Address (if different)	
Postcode:		Postcode:	
Home Telephone:		Home Telephone:	
Mobile:		Mobile:	
Email address:		Email address:	

EMERGENCY CONTACT DETAILS IF DIFFERENT TO ABOVE

Name:		Name:	
Relationship to student:		Relationship to student:	
Telephone:		Telephone:	

EDUCATION

Current school or college	
Address	
Postcode	
Date from/to	
Name of key teacher/tutor in current school/college	
Previous school (if applicable)	
Address	
Postcode	
Date from/to	

QUALIFICATIONS

Gained or currently being studied	Level/Grade	Date gained or expected

INTERESTS AND HOBBIES

WHAT AREAS OF WORK EXPERIENCE ARE YOU INTERESTED IN?

SUPPORT

What support will you need?

Mobility: The Park College is in a Grade 2 listed building. The building cannot be modified to accommodate ramps for wheelchairs.

Therapy: (e.g.: speech, physio, occupational, psychiatrist)

Medical: are you likely to require medical support? Yes/no
Please provide details if required:

Emotional/behavioural support:

Do you have any special dietary requirements? Yes/no
Please provide details if required:

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

Other (e.g. BSL, Makaton, PECS)

Do you need support with personal care, including using the toilet? Yes/no

TRANSPORT

How will you travel to and from college?



DISCLOSURE OF CRIMINAL CONVICTIONS

Because you are applying for an educational training placement where you will study with other young adults with a range of disabilities, we ask you to tell us about 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

DECLARATION BY STUDENT

I agree that my records at The Park College can be stored electronically. I understand that The Park College will treat any personal information collected about me in the strictest confidence. Information may be shared with my local authority. I have been helped to complete this application as fully as possible and all the information given is correct to the best of my knowledge. I understand that The Park College may ask my current school or college for a reference and may ask any people who have worked with me to write a report to support my application to become a student at the college.

Student signature

Print Name:

Date:

DECLARATION BY PARENT/CARER

I have supported the above-named person to understand and help complete this form, the information given is complete and accurate to the best of my knowledge, and no information which may affect the safety and welfare of this person or others at the college has been withheld or omitted. I understand that if the safety and welfare of any person at this college is compromised due to information being inaccurate or withheld by me, further action may be taken by the College.

Are you aware of any safeguarding issues relating to your son/daughter? Yes/No

If yes, please provide details –

Parent/Carer signature

Print Name:

Date:

DATA PROTECTION

I understand that The Park College will keep this data, in line with GDPR regulations 2018, to support the needs of my son/daughter.

I understand and give consent for images of my son/daughter taking part in daily activities at college to be used as evidence of achievement for assessment purposes

Parent/Carer signature

Print Name:

Date: