



STUDENT APPLICATION FORM

Please complete and return to : Macaulay College
6, Braighe Road
Isle of Lewis
HS2 OBQ

Or email to: info@macaulaycollege.com

Tel: 01851 706926

PRIVATE AND CONFIDENTIAL

Proposed date of entry	
Name of person filling in this form	
Relationship to applicant	
APPLICANTS DETAILS	
Full Name	
Address	

Telephone Number		Mobile Number	
Date of Birth		Sex	
Place of Birth		National Insurance No	
Religious Persuasion			

EMERGENCY CONTACT DETAILS	
Who is the primary contact in case of emergency ?	
Name	Telephone Numbers
	Home:
	Work:
	Mobile:
	Other alternative eg neighbours, grandparents etc

HOME AND FAMILY

It is helpful to have an understanding the family circumstances of the applicant, e.g parents are divorced/separated but both parties wish to receive correspondence . Please give us any information you think we need to know

Title (Mr, miss etc)	Christian Name	Surname	Address : Same as applicant yes or no If no please fill in details
Relationship to applicant (eg, mother, stepfather etc)		Occupation	e-mail:
Title (Mr, miss etc)	Christian Name	Surname	Address : Same as applicant yes or no If no please fill in details
Relationship to applicant (eg, mother, stepfather etc)		Occupation	e-mail:
Title (Mr, miss etc)	Christian Name	Surname	Address : Same as applicant yes or no If no please fill in details
Relationship to applicant (eg, mother, stepfather etc)		Occupation	e-mail:

BROTHERS AND SISTERS

Name	Date of Birth	Sex	In need of additional support?
1			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>
4			Yes <input type="checkbox"/> No <input type="checkbox"/>
5			Yes <input type="checkbox"/> No <input type="checkbox"/>

PROFESSIONAL CONTACTS

Carers/ Personal Advisor Name:	
Address:	
e-mail:	
Social Worker Name:	
Address:	
e-mail:	

DIAGNOSIS

Please give details

ADDITIONAL NEEDS

Please give details

EDUCATION AND TRAINING

Has the applicant ever been excluded from school?

Yes No

If 'yes' on what grounds?

School or college currently attended

Name:

Type:

(Mainstream, LD)

Headteacher/ Contact

person:

Address:

Start Date:

Leaving Date

Previous Schools			
Name: Type: (Mainstream, LD) Headteacher/ Contact person: Address:			
Start Date:		Leaving Date	
Name: Type: (Mainstream, LD) Headteacher/ Contact person: Address:			
Start Date:		Leaving Date	

PERSONAL CARE	
1. Can the applicant take care for his/her own hygiene	
2. Is the applicant continent? If no please give details	
3. What level of support does the applicant need with personal care?	
4. What is his/her relationship to personal property?	

CURRENT ABILITIES

1. Can the applicant read and write	
2. Can he/she do any craftwork ?	
3. Can the applicant go shopping on his/her own	
4. Can the applicant travel on his/her own	
5. Can the applicant play a musical instrument	
6. Can the applicant occupy himself/herself during free time ?	

MEDICAL AND OTHER INFORMATION

1. Does the applicant have any physical disabilities, if yes please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the applicant need any specialised equipment for mobility? If yes please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Please comment on the applicants eyesight	
4. Please comment on the applicants hearing	
5. Please comment on the applicant speech	
6. Does the applicant have any allergies? If yes please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does the applicant have any food allergies? If yes please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

18. Please list all medication currently being taken(including dosage and strength) and any emergency medication e.g oral diazepam etc	
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BEHAVIOURS

Does the applicant exhibit any of the following? Please comment o nature and frequency of behaviour

1. Swearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Uncooperativeness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Moodiness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Repetitive behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Screaming	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Absconding	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Soiling/wetting/vomiting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Stripping/ripping clothes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Spitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Damaging property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Hitting/thumping	Yes <input type="checkbox"/> No <input type="checkbox"/>	

12. Self-injurious behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Head butting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Hair pulling	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Scratching/pinching	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Biting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Playing with fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has anyone been physically injured by any of the above behaviours	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please comment
and		Please give details where necessary
1. Can applicant distinguish between fantasy and reality?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is the applicant sexually aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Are there any inappropriate sexual behaviours of which we should be aware of	Yes <input type="checkbox"/> No <input type="checkbox"/>	

REPORTS, ETC			
Do you have ?	Yes or No	If yes, is a copy enclosed with application form	Copy to follow?
Recent school/college report	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent care and education plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School review report	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent risk assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services report	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report from respite care or another residential home	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of need	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist's report	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy report	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ANY OTHER INFORMATION

Declaration (by person responsible for application): *To the best of my knowledge, the information submitted on this form is correct and accurate. I am aware that failure to reveal relevant information could result in the early termination of placement.*

Signature

Date
