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| Student name |  |
| Date received |  |
| Proposed entry year |  |
| EHCP |  |
| Placement requested  e.g. Day/4NB/7NB |  |

 For Office Use Only:

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### .Personal details

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| **Section 1 – Personal Details** | |
| First name(s): | Surname: |
| Date of birth: | |
| Which of the following best describes you:  Male Female Transgender Intersex Non-binary  Prefer not to say Other | |
| What are your pronouns?  She/Her He/Him They/Them  Other | |
| Address:  Postcode: | |
| Next of Kin  Name:  Contact details: | |
| Parent/carer name(s): Mr/Dr/Mrs/Miss/Ms | |
| Same as student  Address:  Postcode: | |
| E-mail address: | |
| Telephone no’s (home): | Telephone no’s (mobile): |
| Proposed entry year: | Local authority: |
| Proposed placement type:  Day placement  Term-time residential placement:  4 Nights or  7 Nights | |
| Do you have an EHCP?  Yes - **Please enclose a copy (draft, amended or final)**  No – **Please note, we cannot move forward with your application without an EHCP** | |
| How did you first hear about Henshaws Specialist College?  Current educational levels :  Pre Entry level  Milestone 1-5  Milestone 6-7  Milestone 8  Entry level 1  Entry Level 2  Other (Provide details below) | |

### . Placement goals and aspirations for your future

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| **Section 2 – Goals and Aspirations** |
| What skills would you like to learn at Henshaws Specialist College? |
| What qualifications do you have? ***Please include any Certificates of accreditation (ASDAN awards etc.)*** |
| Vocational aspirations: which work related experiences would you like to try whilst you are at Henshaws Specialist College?  Hospitality  Horticulture  Customer service  Catering  Retail  Media  Other (Provide details below) |
| Do you hope to move on to the world of work or further education or training after Henshaws Specialist College? ***Please state your interests and provide further details below:*** |

### .Contacts

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| **Section 3 - Contacts** | |
| Present school:  Address:  Headteacher:  Post 16 Co-ordinator:  Telephone no:  Special school  Mainstream school | |
| GP:  Address:  Telephone no: | Social Worker:  Address:  Telephone no: |
| Careers Adviser:  Address:  Telephone no: | Education, Health, Care, Plan Co-ordinator:  Name & address:  Telephone no: |
| Please give details of other professionals who work with you, such as therapists, psychologists, respite services/carers, community nurse, medical consultants etc. Continue on a separate sheet if necessary. | |
| Role:  Name & address:  Telephone no: | Role:  Name & address:  Telephone no: |
| Role:  Name & address:  Telephone no: | Role:  Name & address:  Telephone no: |

### . Ethnic origin and religion

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| **Section 4 – Ethnic Origin & Religion** | |
| First language: | Do you speak English? **Yes** **No** |
| What is your ethnic group?  Prefer not to answer  White:  Welsh/English/Scottish/Northern Irish/British   Irish   Gypsy or Irish Traveller  Any other white background.  *Please Describe:*  Mixed/Multiple ethnic groups:  White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple background.   *Please Describe:*  Asian/Asian British:  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  *Please Describe:*  Black/African/Caribbean/Black British:  African  Caribbean  Any other Black/African/Caribbean background.   *Please Describe:*  Other ethnic group:  Arab  Any other ethnic group.  *Please Describe* | |
| What is your religion? | |
| Please include any additional information relating to your religion or culture that you feel is important: | |

### . Learning difficulty, disability and/or condition

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| **Section 5 – Learning difficulty, disability and/or condition** | |
| At Henshaws College we support students with a wide range of conditions. Please provide details of any diagnoses of learning difficulties, disabilities and/or conditions below: | |
| **Section 6 – Therapist/specialist input** |  |
| Do you receive any therapies/ specialist input?  **Yes No**  Speech and Language Therapy Occupational Therapy  Physiotherapy  Sensory Integration Vision Support  Hydrotherapy  Positive Behaviour Support Dysphagia  Other  ***If yes, please give details: (when, how long, where, etc.)?*** |  |

### . Medical condition

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| **Section 7 – Medical diagnosis** | | | | |
| **Please bring all medical support equipment to your assessment.** | | | | |
| Please tell us about your medical diagnosis/diagnoses: | | | | |
| **Section 8 – health and care protocols** | | | | |
| Please enclose all current care plans and/or protocols related to the care of the student that Henshaws staff will need to follow during the student’s college placement.  ***These must have been written and signed by medical professional. Failure to provide plans and protocols will result in students not being able to attend an assessment at college until such plans and protocols have been provided for safety reasons.*** | | | | |
| **Health and care protocols:**  Epilepsy Management Plan N/A  Yes  Enclosed  Stoma Care Plan N/A  Yes  Enclosed    Suction Care Plan N/A  Yes  Enclosed    Gastrostomy Care Plan N/A  Yes  Enclosed    PEG Feeding Protocol N/A  Yes  Enclosed    Eating & Drinking/Feeding Plan N/A  Yes  Enclosed  Chest Care N/A  Yes  Enclosed  Shunt N/A  Yes  Enclosed  Do you have any allergies? N/A  Yes  Enclosed    ***If yes, please give details of these and the treatment you require:***  Do you have an eye condition? No  Yes  ***If yes, please provide more detail:***  *Any other information, plans or protocols we need to be aware of:*  Have you had the COVID vaccine? No Yes  What date did you have the first vaccine?  What date did you have the second vaccine?  Are you medically exempt from having the COVID vaccine? No Yes | | | | |
| **Section 9 – medications and homely remedies** | | | |  |
| Do you have any Medication prescribed  Yes  No  Are any of these control drugs? ***(Please indicate which ones)*** Yes  No | | | | |
| **If yes, please give details below and provide us with a copy of all prescriptions that will be administered by college staff.** | | | | |
| **Medication** | **Reason for Medication** | **Dosage and Frequency** | **Date it was last reviewed** | |
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### .Physical needs

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| **Section 10 – physical ability** | | | |
| **Please bring all equipment to your assessment, including: wheelchairs, walkers, splints etc.** | | | |
| Can you walk?  Independently  With support  I use a wheelchair for long distances  I am an essential wheelchair user: please specify manual or electric and support required:  If you are an essential wheelchair user how do you transfer?  Stepping around  With a transfer aid  Using a sling and hoist  Lifted manually (provide further details):  Do you use any of the following walking aids?    Splints  Orthotics  Other walking aids  ***Please give details, including who provided these for you:*** | | | |
| **Section 11 - equipment and resources *If none, please skip and go to section 12*** | |  | |
| It is important that we are aware of allequipment that you currently use e.g. hoists, toilet / shower chair, eating and drinking equipment, wheelchair, low vision aids, communication aids, etc.  Please can you list all equipment that is used to assist you and identify where this equipment is from / funded by, e.g. NHS, Social Services, and private ownership.  **If you are invited to assessment it is vital that all essential equipment that you use on a day-to-day basis is available during the assessment visit; this will allow us to gain a clear picture of your abilities and make your stay more comfortable.** | | | |
| Equipment currently used | Provided/funded by | | Please tick if bringing to assessment |
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| Please give us any other information you think we should be aware of regarding equipment: | | | |

### .Your care

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| **Section 12 - eating and drinking** | |
| Do you have any special dietary needs?  Yes  No  ***If yes, please give details: (e.g. food sensitivity, vegetarian, gluten-free, dysphagia diet etc.).*** | |
| **Section 13 - toileting** |  |
| Can you use a toilet?  Independently  With support  Uses continence aids  ***Please state the type of support required/equipment used:*** |  |
| Is there any other care information we need to know before your assessment visit? | |

. **Speech, language and communication**

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| **Section 14 - communication** |
| **Please bring all communication support equipment to your assessment, including: communication device/book and symbols/pictures etc.** |
| How do you express yourself?  Verbal Non-Speaking Sounds/vocalisations  Makaton Sentences British Sign Language (BSL)  Single words Short Phrases Sign Supported English (SSE)  Gestures Facial expression Body language  Eye contact  Objects Symbols  Pictures/Photos PECS Intensive Interaction  Speaking switch  Communication Book Communication Device  Braille  Moon  ***Please give details e.g. PECS phase, sample of spoken sentence:*** |
| If you ticked yes to having a Communication Device please complete this section:  What device to you have *e.g. iPad?*  What programme do you use *e.g. Proloquo2Go?*  How do you access the device?  Direct access *(touch with fingers)*  Eye gaze  Head pointing  Switch *(e.g. head, foot etc.)*  Independently find words  Voice over  Needs help to locate words  Can find words once shown  Speech  Text to speech  Magnification    Do you use the device just for Communication?  **Yes No**  ***If no, Please give details of what else you use the device for e.g. accessing leisure:*** |

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| **Section 15 – Additional information** |
| Please give any additional information you feel we should know before an assessment.  **EHCP – draft or final - Please note, The application cannot proceed without a current EHCP**  Please provide us with the latest copies of Certificates of accreditation (ASDAN awards etc.) *(if available):* |

Following a conditional offer parents /carers must notify Henshaws Specialist College of any change to a young person’s condition or support needs prior to entry. Failure to provide full information, or withhold information, may result in the withdrawal of any offer of a place.

**Consent for sharing health information:**

To ensure safe clinical care during the pre - entry assessment process we ask parents / carers to give consent for us to access information from health professionals such as Consultant, GP, nursing and therapy.

Giving consent for us to request information does not guarantee that information will be shared with us; so, to prevent delays in the assessment process, it may be necessary for us to ask for parent/ carer support to obtain the information that is required.

Your consent is requested for the following:

* For Henshaws Specialist College staff to contact any health professional involved in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s care for the purpose of accessing information that is deemed essential to the provision of safe care during the pre – entry assessment process.

**Consent for sharing information held by a previous education provider:**

Your consent is requested for the following:

* For Henshaws Specialist College to contact \_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ’s previous education provider to request reports to inform the multi – disciplinary pre – entry assessment process.

Signed to give consent for Henshaws Specialist College to request information from external professionals, as described above.

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to:

Transitions Department, Henshaws Specialist College, Bogs Lane, Harrogate, North Yorkshire, HG1 4ED

If you need assistance in completing this form, please contact Transitions team on

01423 886451 or  [transitions@henshaws.org.uk](mailto:transitions@henshaws.org.uk)