|  |  |
| --- | --- |
| Student name |  |
| Date received |  |
| Proposed entry year |  |
| EHCP |  |
| Placement requestede.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 answerWhite: [ ]  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[ ]  Japanese [ ]  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 [ ]  EnclosedStoma 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:* |
| **Section 9 – medications and homely remedies** |  |
| Do you have any Medication prescribed [ ]  Yes [ ]  NoAre 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