

Brislington Centre Application Form

Student's Personal Details

Title		Forename	
Last Name			
Address			
Postcode			
Phone (day)			
Mobile			
Email			
Date of Birth		Gender	

About the Individual

Does the child or young person have an SEN statement? (if yes, please supply date)			
Yes		Date:	
		No	
Is this young person or child looked after? (if yes, please supply section no.)			
Yes		Section Number:	
		No	
Where is the child or young person currently placed?			
Independent SEN School		PRU	
Independent SEN Residential School		Respite Services	
Local Authority School		CAMHS Services	
Home		Foster Home	

Current placement address			
	Postcode		
Key contact name			
Contact details			
Current year group			
Current academic level			
Expected outcomes and reason for referral (if known):			

Current course Details

Course Name			
Course end date			
Year	1st		2nd

Criminal Convictions

This may not affect your place however failure to notify the College of any previous or current criminal convictions may lead to your residential place being at risk due to the nature of the campus demographics.

Do you have or had have any criminal conviction?	Yes		No	
If Yes, date of conviction				
Nature of conviction:				

Medical Information

Medical Condition	Diabetes	
	Heart Problems	
	Skin Complaints	
	Asthma	
	Hearing Loss	
	Sight Loss	
	Epilepsy/Seizures	
	ME	

Other

Mental Health	Depression	
	Anxiety	
	Panic Attacks	
	Self-Harm	
	Eating Disorders	

Other

Allergies	Penicillin	
	Dairy Products	
	Latex	
	Nuts	
	Wheat/Gluten	

Other

Additional Medical Information

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Next of Kin Information

Where possible please add two parents/guardians. These two people listed will be the ONLY people we will communicate with in regards to your son/daughter/ward. If there is someone else you would like us to be able to communicate with please attach them on a separate page.

Title		Forename	
Last Name			
Address			
Postcode			
Phone (day)			
Phone (eve)			
Mobile			
Email			

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Mobile			
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