

Team Programme Student Information Form

1. Personal Information	
Name	
Gender	
Nationality	
Country of Origin	
Home address	
Accommodation	<div style="display: flex; justify-content: space-between;"> Living with parents Foster/care home </div> <div style="display: flex; justify-content: space-between;"> Living with relatives Living independently </div>
Home phone	
Mobile phone	
Email Address	
D.O.B. (DD/MM/YYYY)	
Dependants	
Contact name of Key Worker / Social Worker / YOT Worker	
Phone Number	
2. Emergency Information	
1 st person to contact in the event of an emergency	
First name	
Last name	
Their relationship to you	
Home phone	
Mobile phone	
2 nd person to contact in the event of an emergency	
First name	
Last name	
Their relationship to you	
Home phone	
Mobile phone	
3. Wellbeing Information	
Do you have any allergies? (please give details, including any medication you take)	
Do you suffer from any other medical conditions? (please give details, including any medication you take)	
Do you have any dietary requirements? (please give details)	
Does the young person have any learning needs? (please give details)	
SEN: <input style="width: 100px;" type="text"/>	
Does the young person have an Educational, Health and Care Plan (EHCP)	
Borough:	
EHCP date:	
Copy of EHCP: Y / N Copy of EHCP with Learning Support: Y / N	
(Copy of EHCP is important to have and for LS to have also for progression).	

(Office Use) Student ID:

Does the young person have any mental health needs? (please give details)

Does the young person have a disability? (please give details)

Does the young person have any issues with drugs or alcohol? (please give details)

REFERRED BY:

TYPE OF AGENCY:

Education Information									
Education History									
Most recent school or college attended (include address if known)									
Course studied (please give as much detail as possible)									
Qualification gained									
Grade									
Previous school or college attended (include address if known)									
Course studied (please give as much detail as possible)									
Qualification gained									
Grade									
*Unique Learner Number									

*This is a 10-digit number that is personal to you. If you do not have one yet please visit:

If you are aged 16-19, ask your school, college or training provider to set you up with access to your Learner Account. You will need your ULN, password and email address to log in for the first time.

If you are aged 19+, you will be able to access your PLR through the [National Careers Service](#), as well as through your registered learning provider.

Other courses you are interested in	
Jobs you are interested in	
What do you hope to do when the Programme finishes?	

Student Declaration

How would your school/college/employer rate your attendance?

Good

Average

Poor

If you selected poor, please explain why:

How would your school/college/employer rate your attitude to work?

Good

Average

Poor

If you selected poor, please explain why:

How would your school/college/employer rate your attitude to other people?

Good

Average

Poor

If you selected poor, please explain why:

Have you ever been the subject of formal disciplinary proceedings at your school/college/employment, which has resulted in your suspension or exclusion or transfer to another institution?

Yes

No

If you selected yes, please provide details:

Have you at any stage been involved in any activities that have resulted in legal action being taken against you?

(Please note you are not required to declare spent convictions under Rehabilitation of Offenders Act 1974)

Yes

If you selected yes, please explain provide details:

No

Details of last offence (and any unspent convictions):

Was the offence/ unspent conviction: **Serious violence** **Sexual offence** **Offence against children** **Arson**

Date of last conviction:

Length of sentence:

Number of prison sentences:

Risk of re-offending: Yes No / If yes rate risk: Low Medium High

Custody Details

YOI or Prison name:

Prisoner number:

Are you / will you be on Tag Yes No

Are you / will you be on Home detention or Curfew Yes No

Additional Information

Family Situation?

How will you get to college everyday? (please give details of your journey, including any bus routes etc)

Which parts of their previous school/college did the applicant enjoy?

Which parts of their previous school/college did the applicant not enjoy?

Does the applicant feel ready to commit to the course? (Why do you wish to join the programme)

What do you want to get from this experience?

Which areas of your self would you like to improve?

Communication	Motivation	Commitment
Team-Work	Helping Others	Leadership
Tolerance	Punctuality	Patience
Social Skills	Anger Management	Appropriate Behaviour

Other Notes:

information.

(Office Use) Student ID: _____

Signed:

Date: