

ShIPLEY College wants to help all learners reach their full potential. Sharing any support you have previously had, relating to a particular disability or learning need, will help us to support you better.

Have you previously received any extra help or support with a disability or learning need? Please tick -

Yes No

Do you have an Educational, Health and Care Plan (EHCP)?

Yes No

Have you previously had any support during exams?

Yes No

Details of any support arrangements you have had at school/college

Name of contact

Contact Tel

Which ethnic group would you say you belong to? Please tick :

Asian British Bangladeshi	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	White Other Background	<input type="checkbox"/>
Asian British Other Background	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>
Black British Other Background	<input type="checkbox"/>	White—Gypsy or Irish Traveller	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black British African	<input type="checkbox"/>
Dual Heritage White/Asian	<input type="checkbox"/>	Black British Caribbean	<input type="checkbox"/>
Dual Heritage White/Black African	<input type="checkbox"/>	Dual Heritage White/Caribbean	<input type="checkbox"/>
Dual Heritage other	<input type="checkbox"/>		<input type="checkbox"/>

SENSORY		MEDICAL CONDITION	
Sight	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
PHYSICAL		Diabetes	<input type="checkbox"/>
Wheelchair User	<input type="checkbox"/>	Profound complex	<input type="checkbox"/>
Mobility impairment	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Other Mobility	<input type="checkbox"/>	Temporary impairment	<input type="checkbox"/>
LEARNING		Other disabilities (specify below)	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	MENTAL HEALTH	
Dyscalculia	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>	Emotional or behavioural issues	<input type="checkbox"/>
Asperger's Syndrome	<input type="checkbox"/>	Extra details box:-	
Multiple learning difficulties	<input type="checkbox"/>		
Moderate learning difficulties	<input type="checkbox"/>		
Severe learning difficulties	<input type="checkbox"/>		
Other learning difficulties (please specify)	<input type="checkbox"/>		

It is a specific requirement of some courses for you to have a DBS (Disclosure and Barring Service) check, you will be informed of this at interview.

Confirmation of Application by Student

I agree to ShIPLEY College processing my personal data contained in this form, or other data which may be obtained from me or other people, in accordance with the terms of the General Data Protection Regulation 2018 and as stated in the College's student privacy notice which can be found on the Colleges website, www.shIPLEY.ac.uk

I agree that ShIPLEY College may exchange information with my school, Connexions Service or other agencies in order to check my suitability for the programme of study and the progress of my application.

I declare that the information I have provided on this form is correct and I agree to inform the College of any changes to this information during the application process.

Privacy Notice and Data Protection

ShIPLEY College is committed to protecting your privacy. The information collected during the application stage will be used to progress your application and to complete the administration process. We have a statutory requirement to share details of your application with other organisations e.g. local authority, previous education institutions, Connexions Service, etc, to support your application process. However, if we need additional information we may also share your minimal information with other organisations in order to receive relevant information to progress your application.

By providing us with your personal and sensitive data, such as health or learning needs, you are consenting to us to electronically store and use your information for the application process.

Signed

Date

**Please put this form in an envelope and post, no stamp required, to:
ShIPLEY College, FREEPOST BD18 3LQ, Victoria Road, ShIPLEY, West Yorkshire, BD18 3LQ**