

Personal Information

We would much appreciate it if you could take some time to complete this form. All information will be kept confidential. Under the terms of the DDA you are not obliged to disclose a disability, however, for health and safety reasons, should you choose not to do so the college will request that you supply a GP's letter to confirm your suitability for your chosen course. Please note that the College will not be held responsible for the worsening of an undisclosed existing condition

| | | | |
|---|--------------------------|---|--|
| Student Name | | | |
| Data Number | | Date of Birth | |
| Do you have any of the following conditions? Please tick as appropriate. | | Please provide any additional information: | |
| Heart Condition | <input type="checkbox"/> | | |
| Diabetes | <input type="checkbox"/> | | |
| Epilepsy | <input type="checkbox"/> | | |
| Sensory Impairment | <input type="checkbox"/> | | |
| Physical disability | <input type="checkbox"/> | | |
| Mental health need | <input type="checkbox"/> | | |
| Learning disability | <input type="checkbox"/> | | |
| Allergies (including food allergies) | <input type="checkbox"/> | | |
| Asthma | <input type="checkbox"/> | | |
| Other (please specify): | <input type="checkbox"/> | | |
| Are you prescribed any medication by your GP? | | <u>If yes please give details:</u> | |
| YES | NO | | |
| | | | |
| <p style="color: red;">If you have answered yes, ✓ to any of the above conditions/ medication you are advised to discuss whether the health conditions/medication taken will affect your participation /attendance on this course with your GP. If medication is to be taken at college the attached FORM 2 will need to be completed.</p> | | | |
| GP's contact details | | | |
| Name: | | | |
| Telephone number/s: | | | |
| Address: | | | |

| | |
|--|--|
| Please inform your personal tutor of any change in your physical circumstances. | |
| Please tick as appropriate | |
| I confirm that I do not have any of the conditions listed above. | |
| Or, I have consulted my GP who has confirmed that it is appropriate for me to attend the course. | |

To ease your transition to West Thames College we appreciate as much background information as possible. Please complete the following about your social worker, visits, transport, travel in the community, care needs and dietary requirements.

| | | |
|-------------------------------------|-----|----|
| Do you have a social worker? | YES | NO |
|-------------------------------------|-----|----|

Social worker's contact details

| | | | |
|----------------------------|--|-----------------|--|
| Name: | | Borough: | |
| Telephone number/s: | | | |
| Email: | | | |

Visits

As a part of the community programme students will be going on various trips. Though these are subsidised, there may be a cost.

| | | |
|---|-----|----|
| Do you agree to going on supervised visits within the local community such as parks, cafés and shops? <i>Please note: Should trips involve going further afield or higher risk activities, consent letters will be sent out prior to the trip.</i> | YES | NO |
|---|-----|----|

Travel

| | | |
|---|-----|----|
| Can you travel independently? | YES | NO |
| Are you undertaking travel training? | YES | NO |
| If not, would you be interested in finding out about this | YES | NO |
| Do you have a freedom pass or oyster card | YES | NO |
| How will you be getting to college? | | |

