

We aim to make the application process as straight forward as possible. You can find a guide to our application process online [www.landmarks.ac.uk](http://www.landmarks.ac.uk)

## Personal Details

First Name

Gender

Last Name

What Are Your Pronouns?

Preferred to be known as

Sexual Orientation

Date of Birth

Religious/Cultural Needs

Ethnicity

Is English your first spoken language?

Year to Commence

Address

National Insurance Number

If anyone has helped you complete this form, please give their name

Their Name

Relation to You



# Carer Details

Name of Contact

Relation to You

Phone Number

Mobile Number

Email Address

Preferred Method of Contact

# Current School / College Details

Name of Contact

Role

Contact Number

Email Address

# Local Authority Details

Name of Contact

Role

Contact Number

If older than 18, have you previously been in the care of your Local Authority



# About You

Describe your personality, likes and dislikes

Primary Learning Difficulty and/or Disability

Any Additional Diagnosis & Medical Needs

What Pathway are you interested in?

Life Skills

Vocational

Employability

Not Sure

What site would you like to attend?

## Medical Information

Do you need to take medication during the college day?

Yes

No

Any allergies / drug sensitivity (e.g. foods, pollen, plasters)

Please tick if agreeable for plasters to be administered if necessary whilst at College

Name of GP

Phone Number

Email Address

GP's Address



# Do you have a history of the following?

If yes please provide details

Epilepsy:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Diabetes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
High blood pressure:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Heart problems:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Mental Health:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Anxiety / Depression:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Asthma:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Breathing Difficulties:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Hearing Difficulties:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Visual Difficulties:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Do you Smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>

Do you have any additional medical concerns we should be aware of?



# Privacy Notice How We Use Your Personal Information

## Privacy Notice How We Use Your Personal Information

The personal information you provide is shared with the Education & Skills Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN).

The information you provide may be shared with other organisations for education, training and employment-related purposes, including for research. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: [www.gov.uk/government/organisations/education-and-skills-funding-agency](http://www.gov.uk/government/organisations/education-and-skills-funding-agency).

At no time will your personal information be passed to organisations for marketing or sales purposes. I agree that information gathered through the assessment process at Landmarks, including the taster day, and information supplied by other agencies and any associated reports can be shared with relevant staff at Landmarks, the appropriate funding authority and any other relevant organisations in support of the application for the potential learner.

I agree that Landmarks can contact any of the people/agencies listed below to support them in the process of assessing the needs of a potential learner:

- School/College - or other placement
- Social Services
- Futures/LDD Adviser/SEND Team
- Psychology and/or Psychiatry
- Speech & Language Therapy
- Occupational Therapy
- Physiotherapy
- Others as applicable

Signed (potential learner) \_\_\_\_\_ Name (printed) \_\_\_\_\_

Signed parent/carer \_\_\_\_\_ Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form to:**

Learner Recruitment

Landmarks | Littlemoor House | Littlemoor | Eckington | Sheffield | South Yorkshire | S21 4EF

Telephone: 01246 433788 | Email: [recruitment@landmarks.ac.uk](mailto:recruitment@landmarks.ac.uk)

