

Orchard Hill College

Expression of Interest

Student Name:

www.orchardhill.ac.uk

0345 402 0453

enquiries@orchardhill.ac.uk



Year applied for:

Full name of applicant:

Gender: Male Female Date of Birth:

Address of applicant:

Postcode:

How long have you lived at this address:

Residential Care: Supported Living: Family Home:

Telephone number:

National Insurance Number:

Current School/College:

School/College contact number:

Local Education Authority full name:

Nationality:

Country where you normally live (country of domicile)

Have you lived in the UK/EU/EEA for the last 3 years? Yes No

Is English your first language? Yes No

Any additional language spoken or understood:

Do you have an EHCP? Yes No

Do you consider yourself to have a learning difficulty or disability? Yes No

Are you ambulant? Yes No

Ethnic Origin (Please tick relevant box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Asian or Asian British Pakistani |
| <input type="checkbox"/> Asian or any other Asian | <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> Black, Black British or any other Black background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed White Asian |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Mixed - any other Mixed background |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> White - any other background |
| <input type="checkbox"/> Any other | | |

Title and full name of parent(s)/guardian(s):
(if guardian, please state relationship to applicant)

Address of parent(s)/guardian(s):
(if different from applicant)

Email address:

Contact telephone number(s):

Emergency contact:
(if different from parent/guardian)

SEN case worker full name:

SEN case worker telephone number:

Social Worker/Care Manager:
(full name, address and contact number)

Telephone number:

Is Orchard Hill College your: 1st choice 2nd choice 3rd choice

How did you hear about Orchard Hill College?

Word of mouth/recommendation Local/national press Website

Local Authority LD Advisor Open Day School Social Media

Other Please state:

The College will access your Personal Learning Record (PLR) to confirm the qualifications stated. Further information is available at: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>.

I have read all parts of this form and confirm I agree to Orchard Hill College & Academy Trust processing personal data contained in this form, or other data which the college obtains from me or other people. I agree to the processing of such data for any purpose connected with my studies or my health and safety or for any other legitimate reason in compliance with the General Data Protection Regulation.

Please sign to confirm the above and the information provided is correct at the time of completion.

Signed: Print name:

Date: Relationship to applicant:

Please send to: Placements Team, Orchard Hill College, Quadrant House
8th Floor, The Quadrant, Sutton, SM2 5AS

Email: Assessments&Placements@orchardhill.ac.uk

Telephone: 0345 402 0453 **Website:** www.orchardhill.ac.uk

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