



### ALDD New Learner Application Form 2018-2019

Please complete **ALL** sections in block capitals

Date :

<b>Surname:</b>	<b>Mr / Mrs / Miss / Ms</b>
<b>First Name:</b>	
<b>Preferred Name:</b>	

<b>Current residential address :</b>	<b>Date of birth:</b>
	<b>First language:</b>
	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
	<b>National Insurance Number:</b>
	<b>Nationality as stated on passport:</b>
<b>Postcode:</b>	<b>What country have you lived in for the last 3 yrs:</b>
<b>Email:</b>	<b>What is your contact (landline) telephone number:</b>
Is this a <b>care home</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify the name:	<b>What is your contact (mobile) telephone number:</b>
Do you have a <b>Social Worker or key worker</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency contact numbers:</b>
What is their name and contact number?	<b>Who is this person?</b>

**How did you hear about our courses?**

Course directory  Friend  Care Home  Internet  Other



Education & Skills Funding Agency



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<b>FOR ADMIN STAFF USE ONLY</b>				<b>Assessor Initials</b>
Photograph Signature	<input type="checkbox"/>	Material fee paid or n/a	<input type="checkbox"/>	New Learner ID / residency status checked:
Confidentiality Form signed	<input type="checkbox"/>	Learner enrolled	<input type="checkbox"/>	
Learner Code of Conduct signed	<input type="checkbox"/>	Admin Initials _____		

<b>I would describe my ethnic origin as:</b>								
White - English/Welsh/Scottish/ Northern	<input type="checkbox"/>	31	Mixed – White & Asian	<input type="checkbox"/>	37	Asian/Asian British – Any other Asian background	<input type="checkbox"/>	43
White – Irish/British White -Irish	<input type="checkbox"/>	32	Mixed – Any other mixed/multiple ethnic background	<input type="checkbox"/>	38	Black/African/Caribbean/ Black British – African	<input type="checkbox"/>	44
White – Gypsy or Irish Traveller	<input type="checkbox"/>	33	Asian / Asian British – Indian	<input type="checkbox"/>	39	Black/African/Caribbean/Black British – Caribbean	<input type="checkbox"/>	45
White –Any other white background	<input type="checkbox"/>	34	Asian / Asian British Pakistan	<input type="checkbox"/>	40	Black/African/Caribbean/Black British –Any Other	<input type="checkbox"/>	46
Mixed – White & Black Caribbean	<input type="checkbox"/>	35	Asian/ Asian British –Bangladeshi	<input type="checkbox"/>	41	Other ethnic group - Arab	<input type="checkbox"/>	47
Mixed – White & Black African	<input type="checkbox"/>	36	Asian/ Asian British – Chinese	<input type="checkbox"/>	42	Other ethnic group – Any other ethnic group	<input type="checkbox"/>	48

<b>About your Disability</b>								
Visual Impairment	<input type="checkbox"/>	1	Emotional behaviour Difficulties	<input type="checkbox"/>	6	Multiple Disabilities	<input type="checkbox"/>	90
Hearing Impairment	<input type="checkbox"/>	2	Mental Health Difficulty	<input type="checkbox"/>	7	Others	<input type="checkbox"/>	97
Disability affecting Mobility	<input type="checkbox"/>	3	Temporary Disability after Illness	<input type="checkbox"/>	8	No Disabilities	<input type="checkbox"/>	98
Other physical disability	<input type="checkbox"/>	4	Profound Complex Disabilities	<input type="checkbox"/>	9	Not Known/ Provided	<input type="checkbox"/>	99
Other medical condition (epilepsy, asthma, diabetes)	<input type="checkbox"/>	5	Asperger's	<input type="checkbox"/>	10			

<b>About your Learning Difficulty</b>								
Moderate Learning Difficulty	<input type="checkbox"/>	1	Other specific Learning Difficulty	<input type="checkbox"/>	90	Autism Spectrum Disorder	<input type="checkbox"/>	20
Severe Learning Difficulty	<input type="checkbox"/>	2	Multiple Learning Difficulty	<input type="checkbox"/>	90			
Dyslexia	<input type="checkbox"/>	10	Other	<input type="checkbox"/>	97			
Dyscalculia	<input type="checkbox"/>	11	Not Know	<input type="checkbox"/>	98			

<b>Do you have an Education, Health and Care Plan (EHC plan)</b>			
Yes	<input type="checkbox"/>	1	No <input type="checkbox"/>
<b>Do you have a Learning Difficulty Assessment (LDA)</b>			
Yes	<input type="checkbox"/>	1	No <input type="checkbox"/>

<b>Do you travel independently</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



Do you have a freedom Pass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have paid work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is your work?		
Do you volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is your volunteering?		
Do you use the computer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you switch on the computer by yourself and surf the internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you take any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes what:		
Please let us know about any side affects		
How do you communicate?		
Verbal <input type="checkbox"/> Makaton <input type="checkbox"/> British sign language <input type="checkbox"/> Any other		
Can you walk unaided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no please circle what you use: Wheelchair                      Frame                      Sticks		
There is no personal care in the toilets at CALAT		
Would you need support in this area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When was your last fit .....		
How do you manage your epilepsy?		
.....		
Can you use a sharp knife in the kitchen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need support when using a sharp knife	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you to make a hot drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>





Do you need support when pouring boiling water Yes  No

Do you suffer from any allergies? Yes  No

If yes, please name them.

Is a risk assessment in place about your behaviour where you live? Yes  No

**Please enclose any risk assessments on behaviours or being out in the community.**

If these are not sent in you will not be considered for a place at CALAT ALDD

Do you now, or have you in the past, have any behavioural problems or risk issues?

Yes  No

(information disclosed here will be used to assess the level of support required)

Have you ever been excluded from school, college, day centre or care home?

Yes  No

If yes please state why?

Have you ever become aggressive towards others? Yes  No

If yes when was the last time?

**If you have become aggressive and threatened others then you might not be considered for classes.**

Have you physically attacked others? Yes  No

If yes when was the last time?

Have you ever damaged property on purpose? Yes  No

If yes when was the last time?

Have you ever hurt yourself on purpose? Yes  No

If yes when was the last time?

Have you ever made false allegations regarding any safeguarding incident?

Yes  No

If yes when was the last time?

**If you have answered yes to any of these questions then you must complete the CALAT risk assessment.**





CALAT ALDD



Hits the target

<b>Please list the courses that you would like to attend in September</b> Please see timetable for details
<b>Monday</b>
<b>Tuesday</b>
<b>Wednesday</b>
<b>Thursday</b>
<b>Friday</b>



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**Photographs**

We photograph learners and their work throughout courses. We use photographs as evidence of learning in CALAT publicity. We need your permission to do this. Please sign below:

I give my permission (learner or advocate)                      Signature .....

I do not give my permission (learner or advocate)              Signature .....

**Learner Code of Conduct**

I am confident that I (or the person that I am referring to) can meet the expectations set out in the CALAT learner code of conduct.

Signature.....

Print Name.....

Date.....

**Material Fees**

We charge a materials fee in some classes. Cookery and community learning classes. Please see separate information in the course guide details. You will be notified of these fees on your enrolment letter and agree to pay any fees in full before the start of class.

Signature .....

**Permanently excluded from college**

I understand that if I do not give the correct information on this form I may be permanently excluded from college. I understand that I have a right to appeal.

Signature .....

**Support requirements**

I understand that ..... (Insert Learners name) will not be supported before the class, during breaks, and once the class has finished. I will supply appropriate support if required.

Signature.....





**You can agree to be contacted for other purposes by ticking any of the following boxes:**

- About courses or learning opportunities     For surveys and research
- Post     Telephone     Email

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

### **How CALAT will use your information in accordance Data Protection Law**

CALAT are committed to protecting and respecting your privacy when you use our services. All your personal data is treated in strict confidence and dealt with in accordance with Data Protection Law in particular the General Data Protection Regulation (GDPR). To ensure that the service you receive is effective, we may need to share your information with our partner organisations. This data sharing, among other things, supports our funding and financial planning; monitoring performance and our educational attainment policy; enables us and our partners to produce statistics and research; determine the destinations of our learners after they have completed courses with us; and evaluate Government- and European-funded programmes. Your personal data may be converted ('anonymised') into statistical data in such a way that ensures that you cannot be identified from it.

CALAT collect personal information about you to pass on to the Department for Education and the Education and Skills Funding Agency (ESFA). The ESFA's Privacy Notice is published on the CALAT website [[https://www.gov.uk/government/publications/esfa-privacy-](https://www.gov.uk/government/publications/esfa-privacy-notice)



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