



# PRE-ASSESSMENT APPLICATION FORM

## PRIVATE AND CONFIDENTIAL

Please complete and return to:  
Student Admissions  
Coleg Elidyr  
Rhandirmwyn  
Llandovery  
SA20 0NL

☎ 01550 760400  
📠 01550 760331  
💻 admissions@colegelidyr.com

Please put an up-to-date photo on here if the photo on your initial application is over 1 year old.

<b>Proposed date of entry:</b>	
<b>Name of person filling in this form:</b>	
<b>Relationship to applicant:</b>	
<b>APPLICANT'S NAME</b>	
<b>Full Name:</b>	

### Mission Statement

Our mission is to create living and working communities where people with learning difficulties and disabilities can develop their knowledge and skills to reach their full potential, while embracing the Camphill philosophy and principles.

IN ORDER TO PREPARE FOR A SUCCESSFUL ASSESSMENT PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

PERSONAL INFORMATION	
1. When did the applicant begin to talk?	
2. Does he/she have any physical disability/disabilities? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the applicant need any specialised equipment for mobility? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the applicant receive / need physiotherapy? Does the applicant see an occupational therapist? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the applicant have good eyesight? If <b>'no'</b> please give details	
6. Does the applicant have good hearing? If <b>'no'</b> please give details	
7. Please comment on the applicant's communication abilities and his/her preferred methods of communication e.g. speech, signing, symbols or a combination.	
8.	
9. Please comment on the applicant's ability to socialise with others.	
10. Has the applicant had any speech therapy? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Does the applicant have any difficulties sleeping? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>12. Does the applicant have any allergies? If <b>'yes'</b>, please give details including any requirements for the use of an epipen.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>13. Does the applicant have a special diet or have any food allergies? If <b>'yes'</b>, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>14. Does the applicant have any food dislikes? If <b>'yes'</b>, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Has the applicant ever been in hospital? If <b>'yes'</b>, please give details. (including dates)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>16. Does the applicant have epilepsy? If <b>yes</b>, are there any warning signs? How long does the seizure last? What medication is prescribed for epilepsy? Do they have petit mals or absences</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Has the applicant ever had any of the following?</p> <p>hay fever: Yes <input type="checkbox"/> No <input type="checkbox"/>      asthma: Yes <input type="checkbox"/> No <input type="checkbox"/>      eczema: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>18. Does the applicant have (or has he/she ever had) any other medical problems of which we should be aware? If <b>'yes'</b>, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>19. Please list <b>all medication</b> currently being taken (including dosage and strength) and any emergency medication (PRN) 20.</p>	
<p>21. Does the applicant have (or has he/she ever had) any mental health problems? If <b>'yes'</b>, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>22. Does the applicant see (or has he/she ever seen) a psychologist, psychotherapist or psychiatrist? If <b>'yes'</b>, please give details <i>Please include contact details of the psychologist, psychotherapist or psychiatrist.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

23. Is the applicant currently consulting any other specialist? If <b>'yes'</b> , please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Is the applicant sexually aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Are there any inappropriate sexual behaviours of which we should be aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>BEHAVIOURS -</b>		
<b>Does the applicant exhibit any of the following?</b>		Please add further info on the behaviour that you think may be helpful e.g. triggers, nature of behaviour and frequency
1. swearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. uncooperativeness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. moodiness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. repetitive behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. screaming	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. absconding	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. soiling/wetting/vomiting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. stripping/ripping clothes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. spitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. damaging property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. hitting/thumping	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. self-injurious behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. head butting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. hair pulling	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. scratching/pinching	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. biting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. playing with fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Has anyone been physically injured by any of the above behaviours?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'yes', please comment.

**Declaration** (by person responsible for application): *To the best of my knowledge, the information submitted on this form is correct and accurate. I am aware that failure to reveal relevant information could result in the early termination of placement.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In order to meet the applicants needs please ensure that all reports are attached.

<b>REPORTS, etc...</b>			
<b>Reports Required</b>	<b>Yes or No</b>	<b>If yes, is a copy enclosed with application form?</b>	<b>Copy to follow?</b>
<b>**Statement of Need / Education and Healthcare Plan (EHCP)/ Learning and Skills Plan (LSP)</b> Or <b>Essential Lifestyle Plan (ELP) / Personal Care Plan</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Recent School End of Year Report and/or Annual Review Report</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Details of achieved accreditation and accreditation currently being completed</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Individual Education Plan (IEP)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Transition Plan</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Most Recent Care Plan (residential school or respite care)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Recent Risk Assessment (residential school or respite care)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Mental Health and Wellbeing Reports e.g. Psychologist/ Psychiatrist/ Occupational Health</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>** Report from GP confirming diagnosis and Listing current medication</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech and Language Report / Communication Passport</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Service reports</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* These documents are essential. We are unable to arrange an assessment until all of these documents have been received.**

*Please note that not all members of the admissions group will have met the applicant therefore the above documents will enable the group members to build a complete picture of the applicant.*

DESTINATION	
What are the applicant's hopes and aspirations for his/her future?	


FOR WELSH APPLICANTS ONLY:	
1.a) Does the applicant speak Welsh?  b) Is this as a first or second language?	
2. Will the applicant require Welsh speaking support or resources?	

LEGAL RESPONSIBILITY	
<p>Do you or anyone else have any of the following for the applicant:</p> <ul style="list-style-type: none"> <li>• Deputyship</li> <li>• Power of Attorney</li> <li>• Appointeeship</li> </ul> <p>If so please confirm the name of the person, their relationship with the applicant and which level of legal responsibility is held.</p>	<p><i>Please tick as appropriate:</i></p> <p><input type="checkbox"/> Deputyship</p> <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Appointeeship</p> <p>-----</p> <p><input type="checkbox"/> Health and Welfare</p> <p><input type="checkbox"/> Property and Financial Affairs</p> <p><input type="checkbox"/> Both of the above</p> <p>Name of person: .....</p> <p>Relationship to Applicant: .....</p>

**Declaration** (by person responsible for application): *To the best of my knowledge, the information submitted on this form is correct and accurate. I am aware that failure to reveal relevant information could result in the early termination of placement.*

**Signature:** ..... **Date:** .....

**Coleg Elidyr promotes equal opportunities for all**

 Confidential Information relating to an individual's disability is classified as sensitive personal data.

Information given in this form will be controlled under data protection legislation and will be used for the personal records of the applicant. The information provided will be processed both manually and electronically for these purposes.

The information provided may need to be shared with other agencies e.g. medical professionals and those involved in the care of the student (house managers, tutors etc..).

If there is any individual or organisation (including the person cared for) that you prefer us not to share this information with, your wishes will be respected. Please list any below:

Name	Address	Agency

**Declaration**

I understand that the information given in this application form may be shared with others with my consent.

Signature of Student: ..... Date: .....

Signature of Parent/Guardian: ..... Date: .....