Bridge College

Openshaw Campus

Whitworth Street

Manchester

M11 2GR

Telephone: 0161 487 4293

Fax: 0161 487 4294

Email: admin@bridgecollege.ac.uk

Application Form

For students, families, schools and advocates.

|  |  |
| --- | --- |
| Student’s full name: |  |
| Date of Birth: |  |
| Current School: |  |
| Date of Application: |  |
| What academic year are you applying for? |  |
| My Local Authority  |  |
| EHCP Attached  | Yes  | No |

**Our Mission Statement**

At Bridge College we believe everybody deserves an equal chance in life. There are no exceptions.

Anybody who knows you well can complete this form with or for you.

Please provide as much information as possible so we are able to process this application.

**Internal use only:**

Date received LA authorisation to proceed Paperwork reviewed

**Emergency Contact**

Name: …………………………………………………..
Relationship to the student: …………………………..

Phone number: …………………………………………

Address: ………………………………………………..

Email Address: …………………………………………

I would like to receive text message notifications for upcoming events and emergency college closures (please delete as appropriate)

Yes/No

Other contact details (Siblings if available)

Name: ………………………………………………….
Relationship to the student: …………………………..

Phone number: ………………………………………...

Email Address: …………………………………………

I would like to receive text message notifications for upcoming events and emergency college closures (please delete as appropriate)

Yes/No

Name: …………………………………………………...
Relationship to the student: …………………………..

Phone number: ………………………………………...

Email Address: …………………………………………

I would like to receive text message notifications for upcoming events and emergency college closures (please delete as appropriate)

Yes/No

Name: …………………………………………………...
Relationship to the student: …………………………..

Phone number: ………………………………………...

Email Address: …………………………………………

I would like to receive text message notifications for upcoming events and emergency college closures (please delete as appropriate)

Yes/No

My support network - family, friends and people who are important to me (*even pets*).

|  |  |
| --- | --- |
| **Name** | **Relationship to me** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**About school:**

My teacher is called;

I am supported by;

My favourite subjects are;

Prior learning/Qualifications gained;

**Services I receive at school:**

|  |  |  |
| --- | --- | --- |
| **Service** | **Frequency** | **Who by** |
| Physiotherapy |  |  |
| Speech and Language Therapy |  |  |
| Hydrotherapy |  |  |
| Rebound Therapy |  |  |
| Support for Visual Impairment |  |  |
| Support for Hearing Impairment |  |  |
| Occupational Therapy |  |  |
| Nursing |  |  |

 **LLDD and health problem category**

Please indicate the nature of the young person’s disability, learning difficulty and/or health problem. Tick all that apply from the following list.

|  |
| --- |
| **LLDD and health problem category - LLDDCat**  |
| **Definition**  | The nature of the learner's disability, learning difficulty and/or health problem.  |
| **Reason required**  | To identify all the learning difficulties, disabilities or health problems that may apply for reporting purposes and to align with data collected in the school census.  |
| **TICK ALL THAT APPLY** |  **Definition**  |   |
|  |  Visual impairment  |   |
|  |  Hearing impairment  |   |
|  |  Disability affecting mobility  |   |
|  |  Profound complex disabilities  |   |
|  |  Social and emotional difficulties  |   |
|  |  Mental health difficulty  |   |
|  |  Moderate learning difficulty  |   |
|  |  Severe learning difficulty  |   |
|  |  Dyslexia  |   |
|  |  Dyscalculia  |   |
|  |  Autism spectrum disorder  |   |
|  |  Asperger's syndrome  |   |
|  |  Temporary disability after illness (for example post-viral) or accident  |   |
|  |  Speech, Language and Communication Needs  |   |
|  |  Other physical disability  |   |

**Important people who help me stay fit, healthy and happy:**

All information you share with us is confidential. If at this stage of the application you do not wish to provide the information requested below there is no obligation for you to do so.

|  |  |  |
| --- | --- | --- |
| Role | Name | Contact |
| **Care Manager** |  |  |
| **Doctor** |  |  |
| **Community Nurse** |  |  |
| **Dentist** |  |  |
| **Optician** |  |  |
| **Dietician** |  |  |
| **Hospital Consultant** |  |  |
| **Other** |  |  |

More information about my diagnosis;

**Things you to need to know about me;**

I like/ I am good at;

I don’t like/

I don’t like;

I need to work at;

How I communicate:

Things I need that help me learn/ to get around and support me to be able to do things for myself – Adaptive Equipment and Assistive Technologies

|  |  |
| --- | --- |
|  | Equipment Please tell us who owns the equipment |
| Mobility |  |
| Personal Care |  |
| Eating and Drinking |  |
| Communication |  |
| Environmental Control |  |
| Computer Access |  |
| Other (Please provide details) |  |

**Safety Profile**

Many of our students also have behavioural or emotional problems. These can sometimes cause risks to the young person or others around them and can impact on the amount of support they need. In order for us to provide the safest learning environment for all our students, it is important to understand their behaviour.

Please answer the following questions as accurately as possible, thinking about the applicant over the past year. Use the following scales to show frequency (how often) and severity (overall impact).

|  |
| --- |
| **How often How severe** |
|  |
| **0** = Never | **0** = No impact/ damage/ injury.  |
| **1** =Less than once a week | **1** = Minimal impact/ damage/ injury. |
| **2** = Once per week  | **2** = Mild impact/ damage/ injury. |
| **3** = Two or more times per week | **3** = Moderate impact/ damage/ injury.  |
| **4** = Once per day | **4** = Severe impact/ damage/ injury. |
| **5** = Two or more times per day | **5** = Extreme impact/ damage/ injury.  |
|  |  |
| **How often does the applicant …**  | **How often** | **How severe** |
| Shout or scream (not at people)?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Shout at other people?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Swear at other people?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Make threats of violence towards others?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Throw objects?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Rip or tear up paper or clothing?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Damage objects?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please give examples (E.g. CDs, stereos, windows, vehicles)* |
| Use weapons or missiles?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please give examples* |
| Display physical aggression towards other people?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please circle which action towards others they usually;*Hit Slap Scratch Pinch Pull hair Bite Hands on throat Other (please describe) |
| Who is it usually directed at? *(circle all that apply)* | ParentsTeaching staff | Care staffPeers |
| **How often does the applicant …**  | **How often** | **How severe** |
| Refuse to attend school?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Leave school or home without letting anyone know?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Run away from parents/ carer whilst on trips out?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| What level of supervision does the applicant usually have when out in the community? |
| Has the applicant ever been arrested or had Any involvement with the police?  | Yes | No |
| *If yes, please give details.*  |
| Are there any past or current protection/Safeguarding issues that involve the applicant?  | Yes | No |
| Has the applicant ever deliberately set a fire?  | Yes | No |
| *If yes, please give details.*  |
| **How often does the applicant …**  | **How often** | **How severe** |
| Take other people’s things?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Eat or attempt to eat non-food items?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Display behaviour that might cause injury toThemselves? | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please circle which they actions they usually do;*Hit slap Scratch Pinch Pull hair Bite Bang head Other (please describe) |
| Has the applicant ever talked about Or attempted suicide?  | Yes | No |
| *If yes, please give details.*  |
| Engage in repetitive behaviours (e.g. rocking, Hand flapping, twirling objects)?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please describe:* |
| **How often does the applicant …**  | **How often** | **How severe** |
| Make sexual comments?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Take clothes off or expose themselves in Communal/public areas?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Masturbate in public/ communal areas?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Ask others to engage in sexual acts with them?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| Touch or attempt to touch other people in the genital, breast or bottom area?  | 0 1 2 3 4 5 | 0 1 2 3 4 5 |
| *Please briefly describe the above behaviour (Including whether directed at peers or adults)* |
| **Additional information** Please add any further comments you would like to make about the applicants behavioural difficulties, including strategies that you have found helpful to manage them. It would be beneficial if you could include any **current behaviour management** plans with this application. |
| **Triggers** |
|  |
| **Management Strategies** |
|  |
| **Other** |
|  |

**My faith and Culture**

Please indicate the ethnic origin of the learner – tick one option only from the following list

|  |
| --- |
| **Ethnicity**  |
| **Definition**  | The ethnic origin of the learner, based on the 2011 census.  |
| **Reason required**  | To monitor the distribution of ethnic groups amongst learners in the context of adequacy and sufficiency.  |
| **TICK ONE**  |  **Definition**  |   |
|  |  English / Welsh / Scottish / Northern Irish / British  |   |
|  |  Irish  |   |
|  |  Gypsy or Irish Traveller  |   |
|  |  Any Other White background  |   |
|  |  White and Black Caribbean  |   |
|  |  White and Black African  |   |
|  |  White and Asian  |   |
|  |  Any Other Mixed / multiple ethnic background  |   |
|  |  Indian  |   |
|  |  Pakistani  |   |
|  |  Bangladeshi  |   |
|  |  Chinese  |   |
|  |  Any other Asian background  |   |
|  |  African  |   |
|  |  Caribbean  |   |
|  |  Any other Black / African / Caribbean background  |   |
|  |  Arab  |   |
|  |  Any other ethnic group  |   |
|  |  Not provided  |   |

My religion is;

Important events and celebrations;

Things I can and cannot eat or drink;

Customs and practices I need to observe;

The main language spoken at home is;

At my reviews my family would like access to an interpreter YES/NO

(*This is a free service*)

Any other information about my culture/faith;

**Bridge College Curriculum offer Academic year 2021-2022**

|  |
| --- |
| Bridge College offers learners the opportunity to gain further skills in an area that is related to their personal curriculum through accreditation pathways which enable learners to: *Develop confidence in communication**Develop skills for independent living**Develop skills in supported employment**Develop skills in augmentative and alternative communication* *Develop independence and work skills* *Develop ICT, literacy and numeracy skills* |

**Personalised Curriculum**

Please place a tick next to the curriculum options

|  |  |
| --- | --- |
| **Curriculum options** | **Please tick**  |
| Art  |  |
| Media |  |
| Music and performance  |  |
| Horticulture  |  |
| Hospitality and catering  |  |
| Sports and outdoor education  |  |
| Sensory cooking |  |
| Stretch and relaxation/ Wheelchair dance |  |
| Work skills  |  |
| Accreditation  |  |
| Work experience  |  |
| Functional skills ( Maths & English) |  |

**Social and Leisure Activities**

In my spare time I like to;

Clubs and social groups I attend;

Any other information you would like us to know. For example friends, favourite

places, favourite things etc.

Thank you for completing this application form.

If you have any questions please do not hesitate the call the admissions team on **0161 487 4293**.

For the person completing this form:

|  |  |
| --- | --- |
| Name: |  |
| Relationship to applicant: |  |
| Date: |  |

**Any additional information is extremely helpful and will help speed up the admissions process, please could you kindly attach the student’s:**

* Education Health and Care Plan (EHC)
* Minutes of Last Review
* Recent Medical or Psychological Assessments

Please could you let us know if the documents you send in are the original copies, if so we will take a copy and send the original documents home.

The documents attached are the originals and I will require them to be sent back after being copied **YES/NO**