

RNIB College Loughborough

Application Form

RNIB

College
Loughborough

Please complete and return to address on back page

| Personal Details | |
|--|--------------------------------------|
| First name: | Middle name(s): |
| Surname /Family name: | Date of Birth: |
| Age on 31 st August 2020: | Country of Birth: |
| Permanent Home Address: | |
| Town: | |
| County: | |
| Postcode: | |
| Course Area / Title: | Start Date: |
| Residential Learner <input type="checkbox"/> | Day Learner <input type="checkbox"/> |
| Telephone No: | Mobile No: |
| Email address: | National Insurance No: |

| Country of normal residence (If not UK): | | | | |
|--|-----|--------------------------|----|--------------------------|
| Have you applied for asylum / refugee status? If yes, please attach the relevant documentation. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you lived in the UK or a member state of the European Union for the last 3 years ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you attended the RNIB College or Loughborough College before? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please give details? | | | | |

Nationality, Religion and Ethnic Origin – required for equal opportunities monitoring purposes only

Please state your nationality:

Please state your religion:

First Language:

Please tick ethnic origin below:

White

| | | | |
|--------------------------|--|--------------------------|--------------------------------|
| <input type="checkbox"/> | 31. English / Welsh/ Scottish / Northern Irish / British | <input type="checkbox"/> | 32. Irish |
| <input type="checkbox"/> | 33. Roma / Gypsy / Traveller | <input type="checkbox"/> | 34. Any other white background |

Mixed / Multiple ethnic group

| | | | |
|--------------------------|-------------------------------|--------------------------|--|
| <input type="checkbox"/> | 35. White and Black Caribbean | <input type="checkbox"/> | 36. White and Black African |
| <input type="checkbox"/> | 37. White and Asian | <input type="checkbox"/> | 38. Any other mixed / multiple ethnic background |

Asian / Asian British

| | | | |
|--------------------------|--------------------------------|--------------------------|---------------|
| <input type="checkbox"/> | 39. Indian | <input type="checkbox"/> | 40. Pakistani |
| <input type="checkbox"/> | 41. Bangladeshi | <input type="checkbox"/> | 42. Chinese |
| <input type="checkbox"/> | 43. Any other Asian background | | |

Black / African / Caribbean / Black British

| | | | |
|--------------------------|--|--------------------------|---------------|
| <input type="checkbox"/> | 44. African | <input type="checkbox"/> | 45. Caribbean |
| <input type="checkbox"/> | 46. Any other Black / African / Caribbean background | | |

Other

| | | | |
|--------------------------|------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | 47. Arab | <input type="checkbox"/> | 98. Any other ethnic group |
| <input type="checkbox"/> | 99. Not known / not provided | | |

| Next of Kin information | |
|--------------------------------|--|
| Name: | |
| Relationship to student: | |
| Address: | |
| Town: | |
| County: | |
| Postcode: | |
| Telephone number: | |
| Mobile number: | |
| Email address: | |

| If known please indicate SENCO, Transition Co-ordinator & Social Worker contact details below: |
|---|
| SENCO: |
| Transition Co-ordinator: |
| Social Worker: |

Disability and other medical conditions

Please state the nature of your young person's disability below. Please include any other impairment / medical conditions that you feel we should be made aware of?

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is your young person blind or partially sighted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

If the answer to the above is **Yes** please tick one of the following

| | |
|------------------------------|--------------------------|
| Registered blind | <input type="checkbox"/> |
| Registered partially sighted | <input type="checkbox"/> |
| Neither of the above | <input type="checkbox"/> |

Date of registration:

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does your young person have regular eye tests? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

Date of last eye test?

| | | | | | | |
|-----------------|----------|--------------------------|----------|--------------------------|-------|--------------------------|
| Where was this? | Hospital | <input type="checkbox"/> | Optician | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|-----------------|----------|--------------------------|----------|--------------------------|-------|--------------------------|

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does your young person have a hearing loss or impairment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

| | | | | | | |
|------------------------------------|----------|--------------------------|-----------|--------------------------|------|--------------------------|
| Please tick the appropriate option | Left Ear | <input type="checkbox"/> | Right Ear | <input type="checkbox"/> | Both | <input type="checkbox"/> |
|------------------------------------|----------|--------------------------|-----------|--------------------------|------|--------------------------|

| | | | | |
|-----------------------------|-----|--------------------------|----|--------------------------|
| Do they wear a hearing aid? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----------------------------|-----|--------------------------|----|--------------------------|

Does your young person have a learning disability?

Comment:

Will they need support with their learning disability?

Yes

No

Mobility Information

Are you a guide dog user

Yes

No

Are you a long cane user

Yes

No

Are you a symbol cane user

Yes

No

Do you use any other mobility aid?

Yes

No

Details:

Have you received formal mobility training

Yes

No

If **Yes** please give details of training, including dates:**What is your preferred working medium**

Printed Word

State preferred Font size _____

Handwriting

Audio

Braille

Do you use any of the following?

Low Vision Aid

CCTV

Screen Reader Software

Braille

Are you a Braille user?

Yes

No

If **Yes** state Grade

Grade 1

Grade 2

Approximate reading and writing speeds per minute

Braille reading speed

Braille writing speed

Personal History

Schools / Colleges attended since the age of 11

| From | To | Name of School / College |
|------|----|--------------------------|
| | | |
| | | |
| | | |

Qualifications attained:

| Subject | Examining Body | Level | Results/ predicted results | Date |
|---------|----------------|-------|-------------------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please use this space to add any further relevant information which you feel may be important when considering this application.

Please note that the information given in your application form will be held on a computer and shared with the relevant departments at the RNIB College and Loughborough College. If it is appropriate we may share information with other areas of RNIB to help improve the quality of our service to people with disabilities.

I agree to RNIB College/Loughborough College processing my personal data contained in this form, or any other data the College may obtain from me or other people. I agree to the processing of such data for any purpose connected with my studies, my health and safety whilst on the premises, or for any legitimate reason.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Consent – for completion by parent / guardian or carer if the applicant is aged under 18

This application by my daughter / son / ward has my full support.

Signature:

Date:

Relationship to applicant:

Address:

Town:

County:

Postcode:

Marketing Information

Please complete for our records

| | | |
|--|------------------------------|-----------------------------|
| Date _____ | | |
| Have you attended this or any other RNIB school or specialist college before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes please give course title and dates of attendance: | | |
| Have you received RNIB support at one of our Associate Mainstream Colleges | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes please give details of the college and course: | | |
| Do you use any other RNIB Support Services (such as talking books, employment services etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes please give details: | | |

| | | |
|--|--------------------------|-----------------|
| Where did you hear about RNIB College Loughborough? Please tick the appropriate option | | |
| Teacher / Lecturer | <input type="checkbox"/> | Please specify: |
| Friend / Relative | <input type="checkbox"/> | Please specify: |
| Careers Adviser | <input type="checkbox"/> | Please specify: |
| Rehab Officer | <input type="checkbox"/> | Please specify: |
| Eye Hospital | <input type="checkbox"/> | Please specify: |
| Exhibition | <input type="checkbox"/> | Please specify: |
| Publication / Advert | <input type="checkbox"/> | Please specify: |
| Social Worker | <input type="checkbox"/> | Please specify: |
| Local Blind Society | <input type="checkbox"/> | Please specify: |
| Other | <input type="checkbox"/> | Please specify: |
| RNIB Website | <input type="checkbox"/> | Please specify: |
| Internet Search | <input type="checkbox"/> | Please specify: |

Please return the completed application form to:

RNIB College Loughborough
Referrals and Admissions Department
Radmoor Rd
Loughborough
Leicestershire
LE11 3BS

If you require any help with completing this application, please contact us through the details shown below:

Tel: 01509 61 10 77

Fax: 01509 23 20 13

Email: enquiries@rnibcollege.ac.uk

Web: www.rnibcollege.ac.uk