



Student Enrolment/ Application

Date of Application:

Students Details:

Surname:	Forename:
Date of Birth:	Religion:
Address:	Telephone No:
Postcode:	

Student/Parent/Carer Email Address:

Email:

Diagnosis:

Parents/ Carers or names of two people that can be contacted in an emergency:

Name:	Relationship to student:
Address:	Telephone No:
Postcode:	

Name:	Relationship to student:
Address:	Telephone No:
Postcode:	

Day Centre Payment/ Invoices to be sent: (Please state as appropriate)

Social Services:	Private:
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Care Manager/Social Services Details:

Contact Name:	
Phone Number:	
Email Address:	

Education/ Day Centre History:



School/ Colleges Attended:
Details of any previous Day Centres:

General Information about yourself:

Do you have any difficulties in the following areas? Please tick as appropriate

Specific Behaviour Issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Temper Tantrums	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Communication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Self-Injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Injury to Others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hyperactivity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nervousness/ Shyness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Aggressiveness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Running Away	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hostility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please give further details if you have ticked any of the above boxes:
(If you ticked communication, please specify how you communicate e.g. speech, signing etc).

Do you need help with any of the following?

Walking (if yes please provide further detail):

Eating & Drinking (if yes please provide further detail):
(Please note: this can include special diets, food cut up, thickened etc)

Personal Care/ Hygiene (if yes please provide further detail):
(Please note: this can include handwashing, using the toilet, menstruation & incontinence).

Medical Information (Please tick as appropriate):

Wear Glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Contact Lenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Medication for Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please note: If you have ticked Epilepsy or Medication for Epilepsy (including Buccal Midazolam) or Both, you must complete the Epilepsy Guidance form contained in this pack.

Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Medication for Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please note: If you have ticked Diabetes or Medication for Diabetes or Both, you must complete the Diabetes Guidance form contained in this pack.

Anything in your Medical History that we need to be aware of:

Tetanus – Yes/No If yes provide date.

COVID 19 Vaccinations Yes/No If yes provide dates.

Are you happy for basic First Aid to be administered should it be required? Please circle.

Yes

No

Medication:

Are you taking any prescribed medication at home? (If yes, please list below the medication dosage that you take).

Will you need to take any prescribed medication whilst you are at the Centre? (Please tick yes or no).

Yes

No

Please note: If you have ticked YES, you must complete the Medication Management form contained in this pack.

Do you take over the counter medicines such as Paracetamol/ cold & flu relief at home? (Please tick yes or no).

Yes

No

Please note: If you have ticked YES and think that you may need to take such medication as needed whilst at the Centre, please complete the PRN POP Protocol form contained in this pack.

Interests/ Hobbies:

Please tell us about any interests or hobbies that you may have:

Would you prefer indoor or outdoor activities or both?

Preferred days of attendance: Please tell us which days you would like to attend the Centre:



Hot Drinks:

Some students make their own hot drinks at break time independently. Is this something that you are able to do safely and independently or do you need support/ hot drinks to be made for you?

Working with the animals:

The animal yard is a high-risk area. There are robust risk assessments in place for working with the animals. All of animals are good natured but each animal has the potential to cause harm and so there is the possibility of being nibbled and feet being trodden on by the animals.

Do you feel happy leading the animals to and from the yard?	Yes		No	
Do you feel happy to groom our animals and look after them?	Yes		No	

Any concerns about working with our animals?

When working with the animals you will need appropriate footwear such as wellingtons, opened toed shoes/ sandals are not permitted on the animal yard. We also recommend waterproof clothing.

Photographs:

At the John Graham Centre, we take photos of our students for the following reasons:

- Your picture will be used on the student activity board for you to know which activities you are doing in morning and afternoon, and which staff you are working with.
- Student reviews, portfolios.
- Brochure.
- Website and Facebook page.

It is important that you discuss photograph consent with your parent or carer to ensure you are aware of the risks of having your photo taken and to let us know if you are happy to have your photo taken.

I give consent for my picture to be taken and used for the student board and for review reports only.	Yes		No	
To be used in our brochure/ Website/ Facebook or any social media event.	Yes		No	



The John Graham Centre
Learning and Achieving Together



I confirm that I have completed all sections within the application pack and that to the best of my knowledge the information that I have provided is up to date and correct.

Student Name:

Student Signature:

Date:

With or on behalf of the student:

Parent/ Career Name:

Parent/ Career Signature :

Date :