Student Application Form

In order to give us a better understanding of your needs please fill the form in as completely as you can.

**Personal details**

|  |  |
| --- | --- |
| Name | Date of birth |
| Residential address | Telephone numbers |
| Which gender do you identify with? |
| Which pronouns do you prefer?  |
| Email |

**Other Contacts**

|  |  |
| --- | --- |
| Contact person 1 e.g. emergency  |  |
| Relationship |  |
| Telephone / mobile numbers |  |
| email |  |
| Mailing address (for reports etc. if email is not preferred) |  |

|  |  |
| --- | --- |
| Contact person 2  |  |
| Relationship |  |
| Telephone / mobile numbers |  |
| email |  |
| Mailing address (for reports etc. if email is not preferred) |  |

**Circumstances and background information**

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| --- |
| Living arrangements (at home, group home, independent etc.) |
| Parents (address, level of contact, quality of relationship etc.) |
| Other family (address, level of contact, quality of relationship etc.) |
| Other significant people (residents, Rowan students, friends etc.) |
| Day activities or employment – current |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Day activities or employment – past  |
| Previous training courses and qualificationsWho can we go to for further information? |
| Hobbies and interests (likes and dislikes, art experience etc.)Who can we go to for further information? |
| Social Interactions (e.g comfort level in groups)(Please attach any relevant reports) Who can we go to for further information? |
| Challenging behaviours (Please attach any relevant reports) Who can we go to for further information?  |
| Medical issues and medication details (Please attach any relevant reports, inc. Eating and Swallowing Care Plans) Who can we go to for further information?  |
| **Allergies**Who can we go to for further information?  |
| Relevant existing diagnoses(Please attach any relevant reports) Who can we go to for further information?  |

**Communication skills profile**

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| Do you use signing? YesNo |
| Listening / attention | Understanding |
| Expression (verbal, non-verbal, other) | Other things we need to know about communication (Will you ask? Respond? Initiate? Give information?) |
| Who can we go to for further information? |

**Photo permissions**

|  |
| --- |
| Are you happy for photos of yourself to be used externally in the public domain, while you are a student at Rowan and after you leave? This could be in printed publications such as brochures, newsletters and annual reviews, images on website, use in press and media (e.g. newspaper), images on our social media, and for use by a third-party organisation, working in partnership with Rowan.YesNo |
| Are you happy for photos of yourself to be used internally, while you are a student at Rowan and after you leave? This could be as a record of your work for yourself, and for social care reviews.YesNo |

**Trips**

|  |
| --- |
| Are you happy to go on trips away from Rowan with Rowan staff?  |
| Shopping  | YesNo |
| Galleries / exhibitions | YesNo |
| Art field trips | YesNo |
| Meetings / events | Yes No |
| Local walks | YesNo |

|  |
| --- |
| What are your travel arrangements? (How will you get to and from Rowan?) |

**Other information**

Our charges are £60 for a full day and £30 for a half day.

Our morning sessions run 09:00 to 12:00 and our afternoon sessions run 12:00 – 15:00, Monday to Friday. This includes break time. Students bring their own lunch.

**Process**

Prior to any decision being made to offer a place, you are required to:

1. Fill in this form as completely as possible and return it to Rowan.
2. Come and look around the studios / workshops at Rowan.
3. Participate in a couple of **free** taster sessions, so that you can experience Rowan activities and meet our staff and other students.

Decision making

1. We will use all information to decide if we can offer you a place at Rowan – we will keep you informed along the way. We will discuss our decision with you.
2. If a place is agreed, funding must be in place before you start at Rowan.

**Please send completed application form to:**

Gordon Mackenzie

Rowan

40 Humberstone Road

Cambridge

CB4 1JG

gordon@rowanhumberstone.org.uk

01223 566027 (Monday to Friday)

**To arrange for an initial look around or for further information, please contact:**

Abi Moore

Rowan

40 Humberstone Road

Cambridge

CB4 1JG

abi@rowanhumberstone.org.uk

01223 566027 (Tuesday to Friday)

|  |  |
| --- | --- |
| Completed by | Signature |
| Who is commissioning this service? Please give details for invoicing and reference |
| Date | Telephone | Email  |

Please note we cannot progress this application without this information.

**Information sharing permission**

|  |
| --- |
| Applicant name |
| I give permission for Rowan to contact the following people for information in support of my application. I am happy for relevant information to be shared with Rowan. |
| 1. Name / organisation name
 |  |
|  Address |  |
|  Phone Number |  |
|  Email |  |
| 1. Name / organisation name
 |  |
|  Address |  |
|  Phone Number |  |
|  Email |  |
| Signature |
| Date |