

**Open Day Booking Form**

**Friday 7th October 2022**

|  |
| --- |
| **Young Person Details** |
| Full name |  |
| Known as |  |
| Home Address(including postcode) |  |
| Date of Birth |  |

|  |
| --- |
| **Accompanying Adult Details** |
| Relationship to Young Person |  |
| Full name |  |
| Known as |  |
| Home Address(including postcode) |  |
| Phone Number |  |
| Email Address |  |

|  |
| --- |
| **Additional Accompanying Adult Details (if applicable)**  |
| Relationship to Young Person |  |
| Full name |  |
| Known as |  |
| Home Address(including postcode) |  |
| Phone Number |  |
| Email Address |  |

|  |
| --- |
| **Medical & Mobility Information**  |
| Is the young person registered blind or partially sighted? |  |
| What eye condition(s) does the young person have? |  |
| How does this affect the young person? |  |
| Is there any additional information about you would like us to know? (e.g. medical conditions, accessibility arrangements) |  |
| Has the young person got any special dietary requirements? |  |

|  |
| --- |
| **Additional Information** |
| What subject areas are the young person interested in? |  |
| Do you have an EHCP or statement? If so, what local authority do you come under and when is your next annual review? |  |
| If the young person is currently in education, what is the Name and Location of School or College? |  |
| If travelling by car, please write the vehicle’s registration number. |  |

Please email the form to:

info@rnc.ac.uk

Or, post the form to:

Student Recruitment Team

The Royal National College for the Blind

Venns Lane, Hereford, HR1 1DT