

# Student Application Form

## Section 1: Personal Details

Title	
First names	
Also known as	
Surname	
Date of birth	
Gender	
Home address including county and postcode	
Home telephone number	
Mobile number	
Email	
National Insurance Number	
Country of normal residence if not UK	
Have you attended RNC before? If yes, please give details, e.g. year & course	
Please indicate whether you wish to be considered for a residential or day placement	

## Next of Kin details

Next of Kin First names	
Next of Kin Surname	
Next of Kin Postal address	
Next of Kin Telephone number	
Next of Kin Mobile number	
Next of Kin Email	
Next of Kin Preferred medium for contact/correspondence	
Next of Kin Relationship to student	

Please help us monitor equality and diversity by ticking the appropriate box.

I consider my ethnic origin to be:

- |   |   |
|---|---|
| <input type="checkbox"/> White – British                      | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> White – Irish                        | <input type="checkbox"/> Black or Black British – African   |
| <input type="checkbox"/> White – Other European               | <input type="checkbox"/> Black or Black British – Other     |
| <input type="checkbox"/> White – Other                        | <input type="checkbox"/> Mixed – White and Asian            |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White and Black African    |
| <input type="checkbox"/> Asian or Asian British – Indian      | <input type="checkbox"/> Mixed – White and Black Caribbean  |
| <input type="checkbox"/> Asian or Asian British – Pakistani   | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Asian or Asian British – Other       | <input type="checkbox"/> Prefer not to say                  |

Other please specify

Please indicate your religion/belief:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Atheism           | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Judaism           | <input type="checkbox"/> Buddhism |
| <input type="checkbox"/> Islam             | <input type="checkbox"/> Sikhism  |
| <input type="checkbox"/> Christianity      | <input type="checkbox"/> Jainism  |
| <input type="checkbox"/> Prefer not to say |                                   |

Other please specify

## Section 2: Your Disability

Are you registered blind or partially sighted? If yes, please provide date of registration

What is the cause of your visual impairment?

Do you have a hearing loss or impairment? If yes, is it in left/right/both ears?

Do you wear a hearing aid?

Do you have any other impairment or medical conditions that you feel we should be made aware of?

Do you consider yourself to have a learning difficulty? If yes, please provide details.

Have you and do you see any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Physiotherapist             | <input type="checkbox"/> Speech Therapist       |
| <input type="checkbox"/> Language Therapist          | <input type="checkbox"/> Counsellor             |
| <input type="checkbox"/> Community Psychiatric Nurse | <input type="checkbox"/> Other [please specify] |

### Section 3: Course Information

Do you have a career/employment goal? If so, please specify

Which programme would help you achieve your career/employment goal?  
[Please refer to current RNC prospectus for more information]

### Section 4: Education History and Qualification Achieved

Please state which schools/colleges you have attended since the age of 11,  
starting with the most recent.

School/College	Date started	Date left

Qualifications achieved

Subject	Exam board	Level	Result/Predicted Result	Date

If you are still at school or left within the last year, please provide name and address of a person who would be able to supply a report about you [e.g. Headteacher].

Have you attended any rehabilitation or work preparation training? If yes, please give details

Do you have an Education Health and Care Plan?  
If yes, please attach a copy.

Yes  No

## Section 5: Employment History [if applicable]

Are you currently employed?

Employer	Address	Brief outline of duties

Please provide details of your employment [for adult students] and/or any work placements [for younger students] - include any full-time, part-time, paid or voluntary work which may be applicable to your application. Provide employer's name, address and brief outline of tasks performed and dates from - to.

Employer and address	Date started	Date left

If you have recently left employment or undertaken work placement, please provide name and address of a person who has worked closely with you and could provide a reference.

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## Section 6: Stakeholder

Please indicate relevant careers/training adviser's details

Local Authority EHCP Co-ordinator

<b>Name</b>		<b>Email</b>	
<b>Postal address</b>			
<b>Tel number</b>		<b>Mob number</b>	

QTVI

<b>Name</b>		<b>Email</b>	
<b>Postal address</b>			
<b>Tel number</b>		<b>Mob number</b>	

Social Worker

<b>Name</b>		<b>Email</b>	
<b>Postal address</b>			
<b>Tel number</b>		<b>Mob number</b>	

Disability Employment Advisor

<b>Name</b>		<b>Email</b>	
<b>Postal address</b>			
<b>Tel number</b>		<b>Mob number</b>	

## Section 7: Mobility Information

Are you a guide dog user? If yes, what is your guide dog's name?

Please indicate whether you are awaiting guide dog training.

Are you a long cane user?

Are you a symbol cane user?

Do you use any other mobility aid? If yes, please give details.

Have you received any formal mobility training? If yes, please give details.

Are you a wheelchair user?

## Section 8: Preferred Working Medium

How do you access information?

- |   |  |
|---|--|
| <input type="checkbox"/> Standard print         | <input type="checkbox"/> Braille   |
| <input type="checkbox"/> Audio                  | <input type="checkbox"/> Handwriting   |
| <input type="checkbox"/> Other – please specify | <input type="checkbox"/> Large print - please specify [e.g. Arial 18pt bold] |

Do you use a PC?  Yes  No      If yes, do you use any specialist hardware [e.g. alternative keyboard, joystick] or software [e.g. JAWS, SuperNova, Zoomtext].

## Section 9: Other Information About You

What are your hobbies and interests?

Do you have any special dietary requirements?

Do you require us to consider any access arrangements?

## Section 10: Marketing Information

Where did you hear about RNC? Please tick appropriate option and give further details if possible.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> School/college                | <input type="checkbox"/> Friend                                 | <input type="checkbox"/> I am an ex-RNC student               |
| <input type="checkbox"/> Relative/family               | <input type="checkbox"/> Career/training adviser                | <input type="checkbox"/> Rehabilitation officer/Social worker |
| <input type="checkbox"/> Eye hospital                  | <input type="checkbox"/> Exhibition, please specify             | <input type="checkbox"/> Careers event, please specify        |
| <input type="checkbox"/> Advertisement, please specify | <input type="checkbox"/> Local blind association/ support group | <input type="checkbox"/> Internet, please specify             |
| <input type="checkbox"/> Prospectus                    | <input type="checkbox"/> Leaflet                                | <input type="checkbox"/> Current RNC student                  |

Further details:

## Section 11: Disclosure of Criminal Convictions [to be completed by all applicants]

Safeguarding for all at The Royal National College for the Blind is given paramount importance.

As you are applying for a placement where you may study with vulnerable young people and adults it is RNC policy to ask you to disclose any convictions or cautions you may have. Furthermore, as part of your programme you may be required to provide details to the Disclosure and Barring Service.

Failure to disclose past convictions or cautions may result in termination of programme.

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning? If yes, you will be contacted by designated staff to provide further information

Yes  No

## Section 12: Data protection and Declaration/Consent

Please note that by completing this form your details will be held on our student record system and will be used for the purpose of administration, guidance and monitoring to assist you with your education whilst at the RNC.

As part of our admissions process we will send you information and communications relating to your application and admissions (by email, text, post or phone). RNC will occasionally make student information available to external agencies (e.g. examination boards, careers service, results publications, government agencies, perspective employers etc.). We will also share your information with your current school and any other nominated support worker or representative you may be working with to help you through our application process. The details you have provided may also be shared with internal/external support staff to ensure appropriate support is provided. The data you supply may also be used to check for or obtain a unique learner number. For further information about the use of your personal data please see the RNC regulations on the website [www.rnc.ac.uk](http://www.rnc.ac.uk).

The RNC is committed to equal opportunities. See our Equality Policy on the college website for more details. We may contact any recent education provider to request information. By signing this document you agree that your personal information can be processed and used in this way. I confirm I have read the RNC terms and conditions.

**Signature of applicant:**

**Date:**

Consent [for completion by parent/guardian or carer if the applicant is aged under 18] – this application for my daughter/son/ward has my full support.

**Signature of applicant:**

**Date:**

**Relationship to applicant:**