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| **ADMISSION FORM** | A picture containing food, drawing  Description automatically generated |

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| ***Surname on Birth Certificate:*** |  | | | |
| ***Surname (Preferred/Known By):*** |  | | | |
| ***Country of Birth:*** | ***(if not UK, please supply date which student entered the UK)*** | | | |
| ***National Identity:*** |  | | | |
| ***Legal Forename(s):*** |  | | | |
| ***Preferred Forename:*** |  | | | |
| ***Date of Birth:*** |  | | ***Male:* ** | ***Female:* ** |
| ***Address*** |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | ***Postcode*** | | |

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| --- | --- | --- | --- | --- |
| ***Home Phone:*** |  | ***Mobile:*** | |  |
| ***Email:*** |  | | ***National Insurance No:*** |  |
| ***Passport No:*** |  | ***Birth Cert No:*** | |  |

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| ***Previous School:*** |  | | |
| ***Attendance Date From:*** |  | ***Attendance Date To:*** |  |

*Once you have completed this form, please email to* [*apply@libertygroupltd.co.uk*](mailto:apply@libertygroupltd.co.uk) *or print and post to* ***Liberty Training Ltd, Paragon House, Albert Street, Ramsgate, CT11 9HD***

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| ***Office Use*** |  |  | ***ULN:*** |  | |
| ***Date Received*** |  |  | ***Birth Cert Seen*** | ***Date:*** | ***Staff:*** |
| ***Entered on SIMS*** |  |  | ***Passport Seen*** | ***Date:*** | ***Staff:*** |
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| ***DETAILS OF ALL PARENTS / CARERS:***  Please note that we will use email to contact Parent / Carers. Please ensure you check your emails regularly and inform Liberty Training should any contact details change. | | | |
| **Details of Person(s) with whom the Learner lives – Main Contact(s)** | **Relationship to Learner** | **Parental Responsibility (YES / NO)** | **Contact Telephone No’s** |
| 1st Priority Contact Name:  *Mr/Mrs/Miss/Ms/Other* |  |  | **Mobile:**  **Home:**  **Work:** |
| 2nd Priority Contact Name:  *Mr/Mrs/Miss/Ms/Other* |  |  | **Mobile:**  **Home:**  **Work:** |

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| ***EMERGENCY CONTACTS – After parents / carers if applicable*** | | | |
| **These are very important to us.** If the learner becomes ill during the day or needs urgent medical treatment, it is essential that we are able to contact you or someone acting for you. Please give **two emergency contact numbers.** We suggest the telephone number of your place of work and one other emergency contact, perhaps a grandparent if living close by. If you have no relatives in the area, then please ask a friend, neighbour or childminder if they would be willing to act as an emergency contact. | | | |
| **Name** | **Relationship to Learner** | **Telephone Number and Email address** | **Place of Contact** |
| 3rd Contact |  |  |  |
| 4th Contact |  |  |  |

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| ***HOME LANGUAGE AND RELIGION DATA COLLECTION*** |

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| ***Name of Learner:*** |  | | | |
| Liberty Training is required to return information to the DFES on the numbers of pupils speaking additional languages. It also helps us to know the religion of each learner. | | | | |
| ***Is English your First Language?*** | ***YES:* ** | ***NO:* ** | ***If NO, please state*** |
| ***What is your Religion / Belief?*** |  | | ***Please tick this box if you do not wish for this information to be recorded.*** |

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| ***MEDICAL INFORMATION*** |

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| ***Name of Learner:*** |  |
| ***Doctor’s Name*** |  |
| ***Surgery Address*** |  |
| ***Surgery Telephone No:*** |  |

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| ***Known Allergies / Medical Conditions (please answer YES or NO to each item and provide any additional information in the section below):*** | | | | |
| ***Artificial colouring allergy:*** |  | ***Nut allergy:*** |  |
| ***Seafood allergy:*** |  | ***Dairy produce allergy:*** |  |
| ***Other allergies (incl. Medications):*** |  | ***Other dietary needs:*** |  |
|  |  |  |  |
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| ***Paramedic Support:*** | | | | |
| ***Occupational therapy:*** |  | ***Speech therapy:*** |  |
| ***Physiotherapy:*** |  |  |  |
| ***Any other medical information:*** |  |  |  |
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| ***I agree to the person in charge of my child whilst at Liberty Training or during activities away from the school site, authorising the administration of an anaesthetic or urgent medical treatment provided that the attempt to contact me has been unsuccessful.*** | | | | |
| ***Signed Parent / Carer:*** |  | ***Date:*** |  |
| ***Print Name of Parent / Carer:*** |  |

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| ***LEARNERS ETHNIC / HEALTH QUESTIONNAIRE*** | | | | | |
| ***Ethnic Group (Please tick the most appropriate box)*** | | | | | |
| ***White*** | | | | ***Mixed/Multiple Ethnic Group*** | |
|  | English / Welsh / Scottish / Northern Irish / British | |  | | White and Black Caribbean |
|  | Irish | |  | | White and Black African |
|  | Gypsy or Irish Traveller | |  | | White and Asian |
|  | Any other White background | |  | | Any other Mixed / multiple ethnic background |
| ***Asian / Asian British*** | | | | ***Black / African / Caribbean / Black British*** | |
|  | Indian | |  | | African |
|  | Pakistani | |  | | Caribbean |
|  | Bangladeshi | |  | | Any other Black / African / Caribbean background |
|  | Chinese | | ***Other ethnic group*** | | |
|  | Any Other Asian background | |  | | Arab |
|  | I do not wish an ethnic background category to be recorded. | | | | |
| If ethnicity is not listed above, please write it here: | |  | | | |

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| **Do you consider yourself to have a disability, long term health problem or learning difficulty?** | | | | **Yes ** | **No ** |
| If you have ticked yes to the answer above, please tick the most appropriate box(es) below. We may be able to signpost you to organisations who offer additional specialist support while on the course | | | | | |
| **Disability / Health Problem** | | | | | |
|  | Visual impairment |  | Profound complex disabilities | | |
|  | Hearing impairment |  | Asperger’s syndrome | | |
|  | Disability affecting mobility |  | Multiple disabilities | | |
|  | Other physical disability |  | Speech, language and communication needs | | |
|  | Emotional / behavioural difficulties |  | Asthma | | |
|  | Mental health difficulty |  | Epilepsy | | |
|  | Other (please specify) | | | | |
| **Learning Difficulty** | | | | | |
|  | Moderate learning difficulty |  | Autism spectrum disorder | | |
|  | Severe learning difficulty |  | Multiple learning difficulties | | |
|  | Dyslexia |  | Dyscalculia | | |
|  | Other specific learning difficulty (please specify) | | | | |

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| ***CONSENT FORM*** | | | | | | | |
| We are very proud of our learners and believe that they are our greatest ambassadors. We want to celebrate their achievements in and outside of Liberty Training. Therefore, photographs or recordings of learners may be taken or made at Liberty Training. These images may be used in a range of contexts:   * Liberty Training publications, for example the prospectus * Local newspapers as part of the media coverage of a Liberty Training event * Liberty Training website * Local Authority publications and website   Personal details of the learners will not appear in any Liberty Training publications or the website. However, individual learners’ names may appear in the local newspaper if appropriate to the article.  To comply with the Data Protection Act 1998, we need your permission before photographs or recordings of any learner can be used for promotional materials. | | | | | | | |
| ***YOUNG PERSON*** | | | | | | | |
| First Name: |  | Surname: | |  | | | |
| Date of Birth: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Age: \_\_\_\_\_ ) | N.I No: | |  | | | |
| Address: |  | | | | | | |
|  | | | | | | |
|  | Postcode: | |  | | | |
| Home Phone No: |  | Mobile: | |  | | | |
| ***EMERGENCY CONTACT DETAILS*** | | | | | | | |
| Contact Name: |  | | Relationship: | | |  | |
| Address: |  | | | | | | |
|  | | | | | | |
|  | | Postcode: | | |  | |
| Home Phone No: |  | | Mobile: | | |  | |
| ***HEALTH INFORMATION*** | | | | | | | |
| Do you suffer from any allergies (incl. medication) or medical problems? | | | | | **Yes ** | | **No ** |
| If yes, please provide details: | | | | | | | |
|  | | | | | | | |
| Are you taking any form of medication? | | | | | **Yes ** | | **No ** |
| If yes, please state the name of medication, dose and frequency: | | | | | | | |
|  | | | | | | | |
| Do staff need to supervise the taking of this medication? | | | | | **Yes ** | | **No ** |
| ***DIETARY NEEDS*** | | | | | | | |
| Do you have any special dietary needs? | | | | | **Yes ** | | **No ** |
| If yes, please provide details: | | | | | | | |
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| ***DECLARATION*** |
| * I understand that whilst I am participating in the programme, I will be subject to the code of behaviour and will be required to obey the instructions of staff. * I understand Liberty Group will do everything in its control to protect my personal possessions but cannot be held responsible for any loss or damage. * Learners are responsible for their own belongings. * I am in good health to the best of my knowledge and I am fit to take part in the programme. * I understand that participation in activities on and off site, is at my own risk. * I understand that photographs, videos and case studies may be used on the company website or for media purposes and that Liberty Group may use them to promote future training courses * I confirm that I do give consent for Liberty Training, and/or designated outside partner(s)/agencies to use any photographic images, video or sound recordings of the learner for publicity/promotional purposes   ***\*In the event of an accident or illness I understand that every effort will be made to contact my emergency contact, but if this is not possible I authorise the staff to consent any medical treatment including inoculations, surgery or blood transfusions from a qualified medical practitioner which in the opinion of the qualified medical practitioner may be necessary for me in the course of the programme, or offsite activity.***  I have read and understood the above information. I give consent for this person to participate in off-site activities  **Data Sharing Consent**  To help us make sure you get the best possible service, we would like your permission to share information about you with other organisations e.g. the Job Centre Plus, CXK, local training providers and employers. We will only do this when necessary and with your consent. Up to the age of 16 each Parent/Carer has the right to withhold this information. After 16 each student can request that this information be withheld. You may withdraw your consent to the holding and/or sharing of information at any time, in writing.  Could you please indicate if you wish to release or withhold the learners’ details? If you indicate ‘**no details to be released**’, then **only** Name, Address and Date of Birth can be released to these companies and departments.  **Signed Parent/Carer (if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  **Please print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed Young Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  **Please print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***SOCIAL SERVICES*** | | | | |
| If Social Services have any involvement with this learner, please complete the following section: | | | | |
| ***Name of Local Authority involved:*** | ***Name of Social Worker assigned:*** | ***Contact Numbers:*** | | |
|  |  |  | | |
| ***COURT ORDERS*** | | | | |
| The information you provide will help us to ensure that all parents receive what the law entitles them to have regarding their child’s education. It will also help us to safeguard and promote the learner’s welfare at Liberty Training. | | | | |
| If parents are separated/divorced, has a Court Order been issued? | | | **Yes ** | **No ** |
| If yes, who has custody rights over the learner | | | | |
| Please give details of any Court Orders which relate to the learner and which may have implications for Liberty Training: | | | | |

**Thank you for your co-operation. Please keep us informed of any changes to the learner’s circumstances.**

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| ***MOBILE PHONE CONSENT FORM*** | | | | | |
| Learners are permitted to bring mobile phones to Liberty Training if they abide by certain conditions. These conditions are as follows:   * Parents of learners must give written permission (by completing and signing this form) for their child to bring a mobile phone to Liberty Training * The phone must be switched off on arrival at Liberty Training and must not be switched on again until the learners depart from Liberty Training (except breaks and lunchtimes) * Throughout the whole of the working day (except breaks and lunchtimes) the Learner must leave the phone in his or her bag or coat * Learners are responsible for their own belongings | | | | | |
| ***PARENTAL CONSENT AND INDEMNITY*** | | | | | |
| ***Name of Learner:*** | |  | | | |
| I give permission for my child to bring a mobile phone to Liberty Training and agree to the conditions detailed above.  I agree that:   * Liberty Training cannot be held liable for the safety of any phone brought to Liberty Training (including when in a classroom or bag) * Learners are responsible for their own possessions * In the event of my child not complying with the conditions detailed above, the mobile phone will be confiscated and will be available to collect at the end of the day * If my child fails to comply with the conditions above, permission to bring a mobile phone to school in the future will be withdrawn. | | | | | |
| ***Signature Parent/Carer:*** |  | | ***Printed Name Parent/Carer:*** |  |
| ***Signature Learner:*** |  | | ***Printed Name Learner:*** |  |
| ***Date:*** | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | | |

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| ***E-SAFETY RULES*** | | |
| ***Students should switch off the monitor or close the iPad if they find something unpleasant or frightening and talk to a member of staff.***  **Liberty Training Network Guidelines**   * The school owns the computer network and can set rules for its use. * It is a criminal offence to use a computer or network for a purpose not permitted by the school. * Irresponsible use will result in the loss of network or Internet access. * Network access must be made via the user’s authorised account and password, which must not be given to any other person. * All network and Internet use must be appropriate to education. * Learners must respect others’ work and property and will not access, copy, remove or otherwise alter any other user’s files. * Copyright and intellectual property rights must be respected. * Learners should not try to upload, download or access any materials which are illegal or inappropriate or may cause harm or distress to others, nor will they use or install any programmes or software that might allow access to bypass the filtering/security systems in place to prevent access to such materials. * Messages shall be written carefully and politely, particularly as email could be forwarded to unintended readers. * Anonymous messages, chain mail, spam and harmful attachments are not permitted. * Newsgroups are not allowed in school under any circumstances. * Use of Liberty Trainings network for personal financial gain, gambling, political activity, advertising or illegal purposes is not permitted. * The email system must not be used to intimidate, bully or otherwise threaten another person(s) regardless of whether they attend Liberty Training or not. * Large file downloads or uploads should be avoided as they use up Internet capacity and prevent other users from being able to carry out their work. * When using the internet to find information, users should take care to check that the information they access is accurate, as the work of others may not be truthful and may be a deliberate attempt to mislead people.   **Safety on The Internet**   * Keep your full name, your address, your home telephone number, and the name and address of your school a secret. * Do not send photographs of yourself or your friends to anyone. * If someone on the Internet asks to meet you face-to-face, always tell a member of staff or parent/carer. * Always treat the people you meet on the Internet as strangers and remember that they may not be who they say they are. * Immediately report any unpleasant or inappropriate material or messages or anything that makes you feel uncomfortable when you see it on‐line to a member of staff, parent/carer or CEOP (Child Exploitation and Online Protection Agency). CEOP should be treated as a 999 for the Internet and must not be misused as hoax messages will be traced. * Learners should act as they expect others to treat them. * Learners should not open attachments or files from any source they do not know, due to the risk of the attachment containing viruses or other harmful programmes. | | |
| ***Signed Learner:*** | ***Signed Parent:*** | ***Signed Staff Member*** |
|  |  |  |

*Please complete all this form. You can email this form to* [*apply@libertygroupltd.co.uk*](mailto:apply@libertygroupltd.co.uk) *or print and post to* ***Liberty Training Ltd, Paragon House, Albert Street, Ramsgate, CT11 9HD***