**Wildgoose Rural Training confirms that the information contained on this form will not be shared with anyone outside of the Wildgoose organization unless it is required by Social Services or for legal reasons.**

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**Jon@wgrt.org** **and** **Hollie@wgrt.org**

Please complete th

|  |  |
| --- | --- |
| **Student Details** | **Date of Birth:** |
| **Name:** | **Age:** |
| **Address:** | **Tel. number (home):****Tel. number (mobile):****Contact email:****Would you like to be added into the parents and carers WhatsApp group? (Please circle as appropriate)****YES NO** |
| **GP Details**NamePracticeTelephone | **Social Worker Details**NameControlling CouncilTelephone |
| **Does the student use respite Services?**Yes / NoIf Yes, please give details – Contact Name or Centre NameTelephone  | **Does the student attend other services?**Yes / NoIf Yes please give some brief details, days attending, activities and contact |
| **Transport Details**How will the student arrive at WGRT?If using a Taxi please give details hereNameNumber | **Emergency Contact / Carer Name**1st Emergency contact/Next of kin name and phone no:2nd Emergency contact/Next of kin name and phone no:Power of attorney or deputyship held for the student?**Yes/ No** Name…………………………………………………. |
| **Contact****By ticking each box below, you confirm agreement that Wildgoose Rural Training can contact you by means of mobile (text alert), landline and email.**

|  |  |  |
| --- | --- | --- |
| **Landline** | **Mobile** | **Email** |
|  |  |  |

 | **Photograph consent****We often take pictures of students for their diaries and during activities. These may be displayed on our website, flyers, Twitter or Face Book. By ticking below you are giving your consent to their use.**

|  |  |  |
| --- | --- | --- |
| **Website/flyers** | **Linked In** | **Facebook** |
|  |  |  |

 |
| **Does the student have any disabilities (physical or mental) that we should be aware of?****Does the student need any support with practical activities or classroom activities (reading, writing)?****Does the student have any mobility issues that we should be aware of (can they move around an uneven site without requiring additional support?)****Does the student have any behavioural issues/triggers that we should be aware of?****How would you rate the student’s ability to make his/her own decisions? (Please Tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No problems** | **Requires some prompts** | **Needs things explained very clearly before deciding** | **Requires lots of prompts and explanation. May need help to make a final decision.** | **Relies completely on others to make decisions.** |
|  |  |  |  |  |

**Comments****Does the student have any previous police convictions, cautions, legal injunctions or negative behaviour that we should be aware of?** (If yes please give details)**Will a support worker be in attendance?** (If yes please give details)**Does the student have a religious belief or affiliation that we should be aware of?** (If yes please give details)**How best can we support this student to enjoy their time at Wildgoose?****Is there anything that is not contained anywhere else on this application that we should be aware of to ensure the safety and wellbeing of the student?** |  |

|  |  |
| --- | --- |
| **Does the student have any medical conditions?**(If yes, please state) **Is the student currently receiving any medical treatment?** (If yes, please state) **Is the student taking any regular medication?**(If yes, please state) **Does the student have any allergies?**(If yes, please state)**Does the student have any special dietary requirements?**(If yes, please state)**Is the student’s Tetanus immunisation up to date?** |  **YES / NO**  **YES / NO** **YES / NO**  **YES / NO**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed day to attend | **Please Tick** |  | **If a care plan and/or epilepsy plan is in place, please ensure that you include it when returning this application.** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Areas of interest**

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Care** |  | **Cooking** |  |
| **Horticulture** |  | **Preserving** |  |
| **Agriculture** |  | **Wood crafts** |  |
| **Woodwork** |  | **Art**  |  |
| **Conservation** |  | **Pottery** |  |
| **Blacksmithing** |  | **Mechanics**  |  |
| **Basic construction** |  | **Willow work** |  |

|  |  |
| --- | --- |
| **Type of student placement (Delete as Appropriate):**Group - £60**1:1**-£130Billing information (Delete as appropriate) – WCC Private Direct Invoice Other **Billing Details**Name AddressTelephone number:Email address: | In signing this you confirm that you are in agreement with our processing of your information in accordance with our GDPR Policy.You agree with the Health & Safety policy of WGRT. You understand that the person that you are responsible for should have a current tetanus vaccination before attending WGRT if possible. You give WGRT permission to carry out first aid in the event of a minor accident or call for emergency services in the event of a major accident should this ever be needed.You will provide suitable safe footwear and weather appropriate clothing for the applicant.Full terms and conditions can be found on our website, in the case of a student wanting to leave Wildgoose once started, there is a minimum notice period of 4 weeks. Signature of: Parent/Carer **Please print name:****Date :** |

**By signing this form you have confirmed that the information on this form is correct to the best of your knowledge and understand that the information contained in this form will be kept in the students file and on the Wildgoose Rural Training electronic database.**