

# Application Form

## **LIFELONG LEARNING programmes 2024-25** – School of Supported Education

Applicants should complete this form and return to [aclapplications@glasgowclyde.ac.uk](mailto:aclapplications@glasgowclyde.ac.uk) or by post to Glasgow Clyde College, School of Supported Education, Cardonald Campus, 690 Mosspark Drive, Glasgow, G52 3AY.

Current students can give their completed form to their lecturer.

Please note, new applicants will be required to attend an interview and may need to have a skills assessment to ensure that successful applicants are offered appropriate classes.

**\*PLEASE ENSURE THAT THE HEALTH AND SAFETY RISKS SECTION AT THE END IS COMPLETED AND SIGNED\***  
**INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED**

<b>1. APPLICANT CONTACT DETAILS</b>	
Applicant name:	
Date of birth:	
Home address including postcode:	
E-mail address:	
Mobile number:	
Home phone number:	

<b>2. NOMINATED CONTACT PERSON</b>	
Name of contact person:	
Relationship to student:	
Address:	
Mobile number:	
Email address:	

### 3. CLASSES APPLIED FOR

*Successful applicants may be offered up to two classes.*

*Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice by writing 1 or 2 next to the subject you wish to apply for.*

*Days and times may change*

Cardonald Campus			Langside Campus		
SUBJECT	DAY/TIME	1 <sup>st</sup> or 2 <sup>nd</sup> Choice	SUBJECT	DAY/TIME	1 <sup>st</sup> or 2 <sup>nd</sup> Choice
Music	Monday 9:30-12:00		Creative Media	Tuesday 1:00-3:30	
Creative Hub	Tuesday 1:00-3:30		Volunteering	Wednesday 1:00-3:30	
Drama	Thursday 1:00-3:30		Creative Hub	Friday 1:00-3:30	
Learn to Bake	Friday 9:30-12:00				

### 4. PREVIOUS COLLEGE EXPERIENCE

(a) Have you previously attended Glasgow Clyde College?	YES/NO
---	--------

### 5. HEALTH AND SAFETY INFORMATION - INFORMATION ABOUT YOUR SUPPORT NEEDS

How will you get to college?	
Would a support worker accompany you into college?	YES / NO
If YES, would your support worker support you at break times?	YES / NO
Would your support worker support you in class?	YES / NO
Are you a wheelchair user?	YES / NO
Do you have mobility issues?	YES / NO
If YES, please give details:	

<b>5. HEALTH AND SAFETY INFORMATION - INFORMATION ABOUT YOUR SUPPORT NEEDS (cont.)</b>	
Do you have sight loss?	YES / NO
If YES, please give details:	
Do you have epilepsy / seizures?	YES / NO
If YES, please give details (type of seizure, frequency, most recent seizure, when they occur, factors that can lead to seizures, etc):	
Do you have hearing loss?	YES / NO
If YES, please give details:	
Are you currently taking any medication?	YES / NO
If YES, please give details:	
Does your medication have any side effects we should know about?	YES / NO
If YES, please give details:	
Do you have any allergies, including food allergies?	YES / NO
If YES, please give details:	
<b>ADDITIONAL INFORMATION</b> - Is there any other medical or support information that you want to tell us that could affect your participation in the classes you have applied for?	

<b>6. CONTACT DETAILS FOR CARERS AND SUPPORT AGENCIES</b>	
<b>DAYTIME EMERGENCY CONTACT</b>	
Contact name:	
Telephone number:	
Relationship to yourself:	
Do you attend a day centre/ day service?	YES / NO
If YES, name of centre/ day service:	
Contact person:	
Contact number:	
Does a service provider you with support to live at home?	YES / NO
If Yes, name of organisation:	
Contact person:	
Contact number:	
<b>OTHER AGENCIES INVOLVED IN SUPPORTING YOU</b> You can tell us here about any other agencies that are involved in supporting you.	

## 7. APPLICANT'S DECLARATION – DATA PROTECTION / CONTACT PERMISSION

The information given in my application is accurate and up to date. I agree that the information in this form can be passed to relevant college staff if required. I give my permission for the College to contact my carers / support agencies regarding my application. If offered a place, I give my permission for the College to liaise with my carers / support agencies regarding my support needs, guidance issues, and my attendance and progress at college.

**Applicant's signature:**

**Date:**

## 8. AGENCY REPORT HEALTH AND SAFETY – RISK TO SELF OR OTHERS

The safety and well-being of students and staff is of paramount importance. In order for the College to carry out appropriately informed risk assessment, and to prepare Personal Learning Support Plans, it is essential that the College is provided with full and accurate information regarding support or health and safety issues where the applicant's behaviour could be a risk to self or others.

Please note that failure to disclose any relevant information may result in the offer of a place being withdrawn.

Information on issues where the applicant's behaviour could be a risk to self or others (please continue on separate sheet if required). If no risks are identified, please write 'no risks', and sign the form below.

**Name of worker completing agency report:**

**Agency:**

**Contact number:**

**Signed:**

**Date:**