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ALTERNATIVE LEARNING TOGETHER

Learner Application Form

Learner Information

Year Group:

First Name:

Surname:

Date of Birth:

Gender (please circle): Male Female

Prefer not to disclose other (Please Specify Below)

School:

Home Address:

Ethnicity (Please Circle):

White British
White Irish
White Gypsy/Irish Traveller
White Other
Mixed White and Black African
Mixed Other
Asian/Asian British Pakistani
Asisan/Asian British Bangladeshi
Chinese
Asian/Asian British Other
Black/Black British African
Black/ Black British Caribbean
Black/Black British Other
Arab
Other

Unique Learner Number (10 Digits):

UPN:

Free School Meals (Please Circle): Yes No FSM Amount:

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School Contact:

Position:

School Address:

Telephone Number:

Email Address:

Emergency Contacts

Emergency Contact 1- Name:

Relationship to Learner:

Telephone number:

Emergency Contact 2- Name:

Relationship to learner:

Telephone Number:

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Learner Application Form

Parent/Carer agreed to application (Please circle): **Yes** **No**

Relevant Medical information:

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Looked after Child (Please CIRCLE) YES **No**

Is SEN in Place?

Current Attendance (%):

Permissions and Authorisations

Is Permission given for photographs to be taken in connection with the programme for coursework and marketing purposes? Please Circle.

Yes **No**

Is permission for medication to be administered as instructed in any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered by any medical authorities present? Please Circle.

Yes **No**

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TO BE COMPLETED BY THE PERSON AUTHORISING THIS PLACEMENT:

FIRST NAME:

SURNAME:

CONTACT NUMBER:

CONTACT EMAIL:

ACADEMIC RECORDS

PLEASE PROVIDE CURRENT LEVELS.

MATHS:

ENGLISH:

PREFERRED PROGRAMME DAYS? (PLEASE TICK)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

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Student Profile

Please give details of any known, behavioural, social or emotional needs:

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Please outline any factors or triggers that may affect the learner's engagement or progress during the programme (e.g. behavioural, medical, emotional, or substance-related).

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WHAT STRATEGIES OR APPROACHES HAVE BEEN EFFECTIVE IN SUPPORTING THE LEARNER WITHIN SCHOOL?

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DOES THE YOUNG PERSON HAVE ANY MEDICAL CONDITIONS REQUIRING TREATMENT, INCLUDING MEDICATION (IF YES PLEASE SPECIFY)

YES NO

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Please indicate whether the learner has any special requirements or additional needs (e.g. dietary restrictions, disabilities, or learning difficulties) and provide details if applicable.

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Fee Payer Information

First Name:

Last Name:

Organisation/School:

Position:

Address:

Phone Number:

Email:

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Invoicing and Terms

Invoices for our services are issued at the end of each month and operate on 30-day payment terms. VAT is applied at the standard rate of 20%.

Flexibility of Service

Our provision is designed to be flexible, recognising that learners' personal circumstances can change. If you wish to reduce the number of days a learner attends, please contact Swift Learning to arrange an updated schedule. Please note that charges for the cancelled place will remain in effect until the end of the current half-term period.

Policies and Procedures

A full set of policies for each site is available on request by contacting the Lead Tutor at Swift Learning