

This Profile should be completed by or with the student.
Please complete and return this document to Hertford Regional College,
Millbrook Administration Office, Scotts Road, Ware
Applications will not be considered until all required information has been received.



STUDENT PROFILE – Completed by student and parent/carers
In support of an application to Hertford Regional College

Please complete this form as fully as you can. If you need any assistance then College staff will be available to help, either over the telephone or face to face at interview.

Name:	
Preferred Name:	

PART ONE – BACKGROUND INFORMATION

Personal details:

Date of birth	
Address	
Telephone	
Email	
Current or former learning provision	
Year group	

Details of previous secondary schools / colleges

Name	Address	Dates attended	Contact name, number and email, if known

People who are important to you:

Name	Address:	Telephone Number/s	Email:
Parent(s)/Carer(s)			
Main contact at current or former school/college			
Named school nurse			
Connexions Personal Adviser			
Social Worker:			
Your doctor:			
Anyone else who is important to you			

Ethnicity

Ethnicity	Please ✓	Ethnicity	Please ✓
Asian or Asian British – Bangladeshi		Mixed – White and Asian	
Asian or Asian British –Indian		Mixed – White and Black African	
Asian or Asian British – Pakistani		Mixed – any other mixed background	
Asian or Asian British – any other Asian background		White - British	
Black or Black British – African		White - Irish	
Black or Black British – Caribbean		White – any other white background	
Black or Black British – any other black background		Other	
Chinese		Not known	

PART TWO – ABOUT YOU:

A summary

Your goals and dreams (What kind of adult life would you like? What do you see yourself doing in 5 years time?)

Accommodation and Lifestyle, Independence, and Personal Care

Current situation including whom you live with, any current arrangements for additional/respite care, and any changes planned or anticipated. Please indicate if arrangements will need to change for you to attend college and, if they will, please describe how. *Please describe the young person's care package, including the amount of personal care received in their current placement and the amount specified in their statement, and if s/he has a care plan, please attach this.*

Are you in receipt of direct payments? Yes/No (delete as appropriate)

Are you on the housing waiting list? Yes/No (delete as appropriate)

Strengths and skills including independent living and domestic skills, and personal care skills

Please tell us all the things that you are good at:

Aspirations, goals and targets including independent/supported living, and personal care

Support needs, vulnerability and risks identified in current situation, and in the future. .

Mobility, travel and transport

Are you an independent traveller? Yes/No (delete as appropriate)
.
If not, please describe any travel training that has taken place
Please describe your goals in terms of mobility and travel. Where would you like to go on your own, using buses, trains or taxis?

Communication Skills

Current situation including detailed information about any specialist equipment used, or other strategies to support communication. Please note the student's first language, where this is not English.
Strengths and skills

Aspirations, goals and targets

--

Work and Employment

Have you had any work experience before? Please tell us about it.

What work experience would you like to do when you are at college?

Did you have someone to help you when you had work experience?

--

What work would you like to do when you leave college?

[illegible]

Leisure and Relationships

Current situation. What do you like doing now? including leisure interests, friendships and details of any relevant groups/networks

What help do you need to keep or increase these?: Do you need someone to go with you? Etc.

Support needs – Please tell us what support, help or advice you need. This could be health and medical support or support to manage your own behaviour.

Faith and cultural considerations

Please describe any faith or cultural needs, do not simply name the faith. Please tell us about your dietary requirements or foods /drinks you cannot eat etc.

PART TWO – PARENT / CARER'S PERSPECTIVE:

Please describe your hopes and expectations for your son or daughter's adult life. Please take account of post school provision, respite care, leisure and housing and anything else that is important to you.

Is there any more information you can provide e.g. how the student likes to be approached and/or communicated with, what are their likes and dislikes, how do they like to learn?

Additional support needs

Does the student have any specific communication aids that they will need in college? If so please describe.

Is the student a wheelchair user? Does s/he use any other mobility aids i.e. walking frame?

Does the student need to be hoisted for transfers or can s/he do a standing transfer?

Does the student have a visual or hearing impairment? Does s/he wear glasses or hearing aids? Does the student need signing support or support to walk around the college?

Does the student have any additional specialist equipment that will be needed at college i.e. own seating, physiotherapy equipment?

Does the student have any support needs that have not been mentioned?

Medical support

If your son /daughter has no known medical support needs, please tick this box

☐

Support needs	Details
Support to administer medication	
Supervision to ensure medication taken	
Room to take medication	
Immediate access to medical help when required	
Regular access to nursing care	
Rest periods and dedicated room	
Staff trained to understand the implications of health issues	
Access to therapies (please specify which)	
Support to learn to manage own condition	
Support to deal with consequences of missed medication	
Other, including diet and allergies	
Please describe any specialist equipment used	

If the student requires medical support, please give reason: Please attach details of procedures for medical support, e.g. administration of medication and say what needs to happen in an emergency:
Please note any skills staff will require that may require training.

Do you give permission for us to contact other relevant agencies/professionals (if appropriate), and share this information, in order to try and plan for successful transition and progression?

I give/do not give* my permission:

Delete as applicable

Signed:	
Print name and relationship to the student:	
Date completed:	