

October 2020

Dear parent/carer,

Please complete this form and return to the address below. On receipt the Admissions team will contact you.

Date of Enquiry				Current placement:
Student Name				LEA:
Parent/Guardian Name (relationship to student if not parent/ guardian)				
Contact Telephone		1	2	
Email		1	2	
Address				DOB:
				Year of Entry:
				Age on Entry:
Postcode				Male/Female
Residential	Day	37 weeks	52 weeks	

Diagnosis / Medical Conditions	
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Does the applicant work with any other health professional?

	Y/N		Y/N
CAMHS		Sensory Impairment Team (VI)	
Physiotherapist		Sensory Impairment Team (HI)	
Speech and Language Therapist		Other (please give role)	
Occupational Therapist			

Does he/she have a history of violence towards self/ or others? Please give details			
Behaviours – Does the applicant exhibit any of the following? Please comment on the nature and frequency of the behaviour.			
Swearing	YES	NO	
Uncooperativeness	YES	NO	
Moodiness	YES	NO	
Repetitive Behaviour	YES	NO	
Screaming	YES	NO	
Absconding	YES	NO	
Soiling / Wetting / Vomiting	YES	NO	
Stripping / ripping of clothes	YES	NO	
Spitting	YES	NO	
Damaging Property	YES	NO	
Hitting / Thumping	YES	NO	
Self-injury behaviour	YES	NO	
Head butting	YES	NO	
Hair Pulling	YES	NO	
Scratching / pinching	YES	NO	
Biting	YES	NO	
Playing with Fire	YES	NO	
Can the person distinguish between reality and fantasy?	YES	NO	
Is the person sexually aware?	YES	NO	
Are there any inappropriate sexual behaviour of which we should be aware?	YES	NO	
Are there any issues concerning relationships/sexuality that would be helpful for us to be aware of?	YES	NO	
Is the applicant vulnerable? Easily influenced by peers? Talk to strangers? Would leave grounds? etc			

If he/she has a Behaviour support plan in school please send a copy

	Student:	Parent/Guardian:
Aspirations		
Likes		
Dislikes		

Please note any other information you feel may be relevant here or any questions you may have for us and we will do our best to answer them in our follow up call:

Please return this form to Admissions at:

Camphill Wakefield, Wood Lane, Chapelthorpe, Wakefield WF4 3JL

or email to: admissions@camphill.ac.uk

Form completed by:

Relationship to Student:

Signed: