



Placement Application Form



Guide to Applying to UCAN-Learn.Work.Live

The Application Process

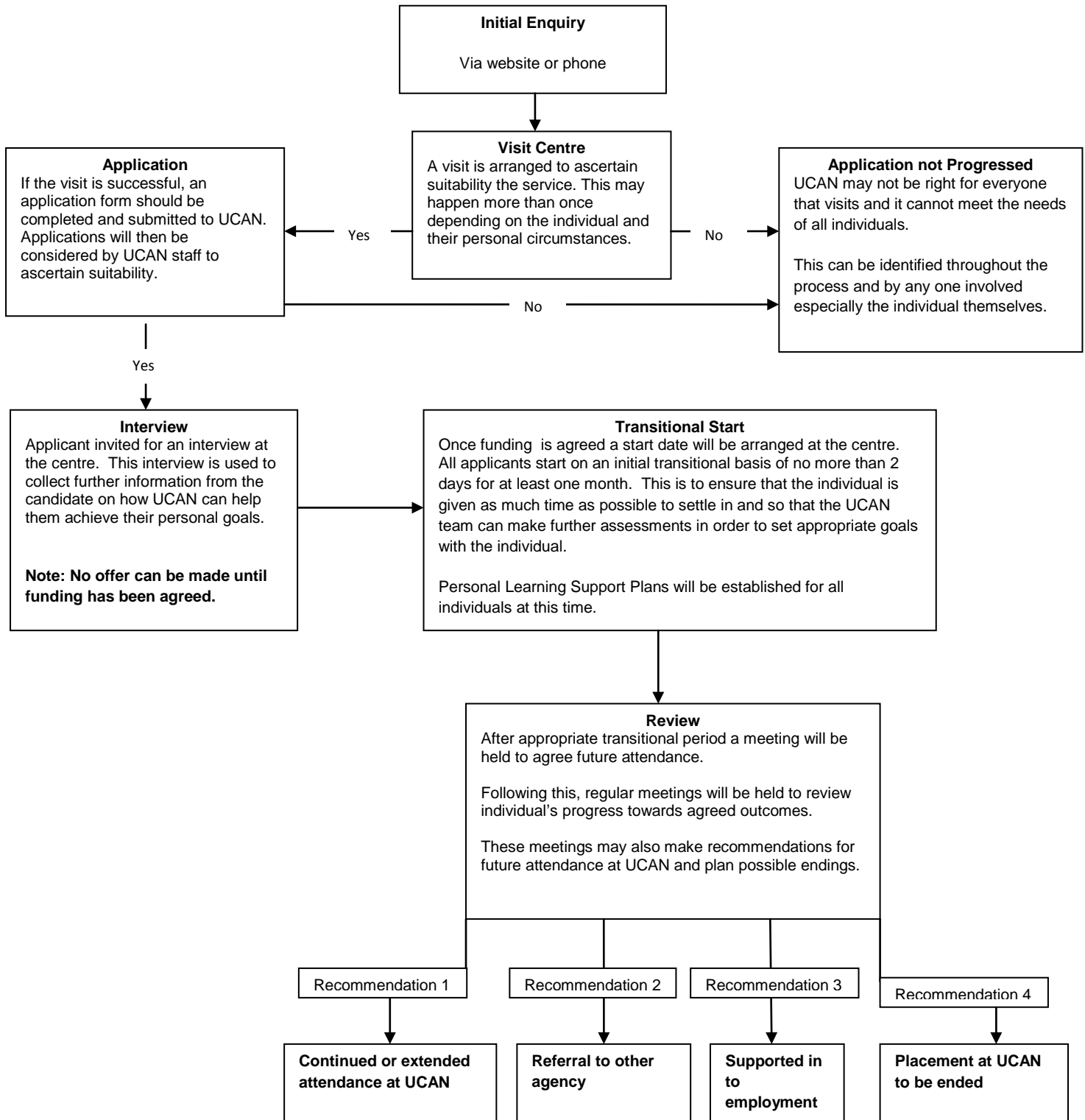
The diagram below sets out the application process for individuals joining UCAN. Whilst all applications will be accepted, a final decision on a place being offered will only be made following consideration of all available information. Therefore, as well as this application form, all applicants will be expected to attend an interview.

The Application Form

Please ensure that you provide as much information as possible at this stage in order to help us ascertain the suitability of UCAN as a placement. It is particularly important that we are made aware of any issues or concerns with regard to an individual's health or behaviour.

You should note that we cannot be held responsible should an incident or issue arise that relates to information not shared.

THE UCAN APPLICATION PROCESS





Applicant Personal Information

Name of Applicant

Address

Telephone Number (s)

Date of Birth

**Parents/Guardians Names
(If applicable)**

**Address if different to Applicant
(If Applicable)**

**Emergency Contact
Name & Telephone Number**

**Name and Address of School and school
Contact (if applicable)**

If at School, official leaving date



Please detail Specific Support Requirements:

Social and Emotional Factors (please tick)

	Very Good	Good	Fair	Poor
Peer Relationships				
Response to Authority				
Social Interaction				
Punctuality				
General attitude to tasks				
Overall Behaviour				
Confidence				
Independence Skills				

If Applicable, School Attendance (please tick):

Excellent	
Very Good	
Satisfactory	
Poor	

Any further information:



Medical Information

Please detail any Additional Support Needs:

Please note any Major Illnesses:

Other Information (please tick):

Asthma	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Eczema	<input type="checkbox"/>
Allergies	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>
Speech and Language Difficulties	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>
Headaches	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please give details if any box ticked:



Input From Other Agencies

Please give details of external support agencies accessed

Agency	(Tick Box)	Name and telephone number of Contact
Life Planning Team		
Psychologist		
Social Worker		
Physiotherapist		
Keyworker		
Looked After & Accommodated Children		
Other (please specify)		



Educational Information

Standard Grades

Subject	Grade	Year	Subject	Grade	Year

SQA units

Subject	Grade	Year	Subject	Grade	Year

Please note any other achievements (including college courses)

Details of Work Experience



Any Other Useful Information

Referred by:

Designation:

**Has funding been agreed?
(please tick)**

Yes		No		Awaiting Confirmation	
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Date:

For use by UCAN team (tick box)

Application Acknowledged	
Date:	
Interview arranged*	
Place offered (Yes/No*)	
Place accepted (Yes/No*)	

*** Please give details**