

Return to:
Deaf and Disabled Support
City Lit
1-10 Keeley Street
London WC2B 4BA



The centre for adult learning

Deaf and Disabled Support 2011 – 2012

Confidential

APPLICATION FOR SUPPORT ON A COURSE AT CITY LIT

COURSE DETAILS

Course Title: _____

Course No: _____ Days / Times: _____

STUDENT DETAILS (Please use BLOCK CAPITALS)

Name: _____ DOB: _____ Age: _____

Miss Mrs Ms Mr

Address: _____

Tel: _____

Voice Fax Minicom

Fax: _____ (if different from above)

E-mail: _____

Post Code: _____

Other numbers where we can reach you:

Mobile / SMS: _____

First Language: _____

WHAT SUPPORT WILL YOU NEED IN CLASS?

1. In class Notetaker Communicator Interpreter

One of our tutors will talk to you about your support at an interview.

2. Equipment (these items are subject to availability)

Personal radio aid Loop system

PREFERRED METHOD OF COMMUNICATION

BSL SSE Lipreading Speech

SUPPORT PREVIOUSLY RECEIVED					
	<input checked="" type="checkbox"/>		Hours per week		
Communicator	<input type="checkbox"/>		<input type="text"/>	Teacher of the Deaf	<input checked="" type="checkbox"/>
Notetaker	<input type="checkbox"/>		<input type="text"/>	Lipspeaker	<input type="checkbox"/>
Interpreter	<input type="checkbox"/>		<input type="text"/>	Extra Tutorials	<input type="checkbox"/>
Did you use any equipment (eg radio aid/loop)? _____					
Any other support equipment _____					

ANY OTHER THINGS YOU WOULD LIKE US TO CONSIDER WHEN PLANNING SUPPORT?
E.g. dyslexia, Ushers etc.

EQUAL OPPORTUNITIES MONITORING		
How would you describe yourself amongst the following ethnic groups?		
Please note that these categories are used to meet the requirements of the Student Funding Agency, which is the Institute's main funding body.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - any other Asian background <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - any other Black background <input type="checkbox"/> Chinese </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mixed -White and Asian <input type="checkbox"/> Mixed -White and Black African <input type="checkbox"/> Mixed -White and Black Caribbean <input type="checkbox"/> Mixed - any other Mixed background <input type="checkbox"/> White - British <input type="checkbox"/> White -Irish <input type="checkbox"/> White - any other White background <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - any other Asian background <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - any other Black background <input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed -White and Asian <input type="checkbox"/> Mixed -White and Black African <input type="checkbox"/> Mixed -White and Black Caribbean <input type="checkbox"/> Mixed - any other Mixed background <input type="checkbox"/> White - British <input type="checkbox"/> White -Irish <input type="checkbox"/> White - any other White background <input type="checkbox"/> Other
<input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - any other Asian background <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - any other Black background <input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed -White and Asian <input type="checkbox"/> Mixed -White and Black African <input type="checkbox"/> Mixed -White and Black Caribbean <input type="checkbox"/> Mixed - any other Mixed background <input type="checkbox"/> White - British <input type="checkbox"/> White -Irish <input type="checkbox"/> White - any other White background <input type="checkbox"/> Other	

HOW DID YOU FIND OUT ABOUT CITY LIT SUPPORT SERVICE?
<input type="checkbox"/> City Lit <input type="checkbox"/> School/College <input type="checkbox"/> Careers Officer <input type="checkbox"/> Friend
Other (please give details) _____

Please note: you will be invited to City Lit to discuss your support needs with our tutors. Completing this form does not mean you are guaranteed support. Provision of support is dependent on the availability of appropriate qualified support staff.

DECLARATION TO BE SIGNED BY STUDENT
I agree to abide by the rules and regulations of the institute
Signature: _____ Date: _____

This form is used for you to apply for support from City Lit. Information you provide on this form will only be used for the purpose described and will be processed in compliance with the Data Protection Act 1998. Further information about data protection is available on request.

To be completed by office only

Deaf and Disabled Support:

Student seen by (Support Tutor):

Date:

Learning Agreement completed:

Self-assessment completed:

Learning Support Manager:

Approved: (signature)

Name:

Additional support costs form completed:

Date:

Number of students on course needing support:

Communication support required:

Communicator / CSW:

Interpreter:

Notetaker:

Please attach this slip to your Enrolment Form

Student's name: _____

Course details: _____

This student has discussed in-class support with Deaf and Disabled Support and can be enrolled on their course.

Completed by:

Date: