

Please comment on the suitability of the applicant below, including their attendance, punctuality, ability to work with others and behaviour and motivation. Please include anything else you feel to be relevant.

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Part 3 –Applicant to fill in

Do you have a learning difficulty or disability? Yes/No		
If you have answered Yes, please tick the boxes below. If you have a mobility difficulty or visual impairment we need to know so that we can protect your Health and Safety e.g. in case of emergency.		
Moderate Learning Difficulties	Autism Spectrum Disorder	
Blind/Serious Visual Impairment	Sickle Cell	
Deaf/Hearing Impairment	Multiple Learning Difficulties	
Dyslexia/Dyspraxia	Mental Health Difficulty e.g. Depression, Serious Anxiety	
Mobility Difficulty	Asperger’s Syndrome	
Dyscalculia	Temporary Disability after illness e.g. Post Viral or Accident	
Other Physical Disability	Downs Syndrome	
Other Specific Disorder	Profound Complex Disability	
Other Medical Condition e.g. Asthma, Diabetes, Epilepsy,	Multiple Disabilities/Other – Please specify below	

Will you need support for your learning disability? If yes, please state:

Do you have a statement of special educational needs Yes/No If Yes – please attach a copy

Please indicate the ethnic group to which you belong

WHITE:	ASIAN/ASIAN BRITISH:	
British	Indian	
Irish	Pakistani	
Gypsy/Traveller	Bangladeshi	
Any other	Chinese	
MIXED/MULTI ETHNIC GROUPS:	Any other	
White & Black Caribbean	BLACK/BLACK BRITISH:	
White & Black African	African	
White & Asian	Caribbean	
Any other	Any other	
OTHER BACKGROUND:		
Arab		
Any other		

Please indicate your religion, faith or belief

Christian	Sikh	
Buddhist	No faith or religion	
Muslim	Other	
Jewish	Prefer not to say	
Hindu		

Please indicate your sexual orientation

Heterosexual	Bisexual	
Gay Male	Other	
Lesbian	Prefer not to say	

How did you hear about our College/course?

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Signature

I confirm that the information I have given is correct and give my consent to Shelagh Elliott Clarke Performing Arts to process this information on the understanding that the college complies with the Data Protection Act 1998.	
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Signature of Applicant:	Date:
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Please return completed form to:

Shelagh Elliott Clarke Performing Arts
Old Hay Market
Liverpool L1 6ER

0151 236 4656