



**LEARNER ADMISSION FORM**

**CONFIDENTIAL**

|   |
|---|
| <p>Insert<br/>Photograph of<br/>Learner</p> |
|---|

**Equality Monitoring:** *(please circle your answer)*

**Gender:** Female / Male / Other or non-binary

**Religion:** Christian/Muslim/Hindu/Other/prefer not to say

**Nationality:**.....

**Ethnicity:** White – English, Welsh, Scottish, Irish  
 Asian/British Asian (subcategories: Bangladeshi, Chinese, Indian, Pakistani and other Asian background)  
 Black/Black British (subcategories: African, Caribbean and other Black background)  
 Gypsy/Traveller/Roma  
 Mixed Heritage  
 White – Other  
 Other / self describe (please specify):

|   |  |           |  |
|---|--|-----------|--|
| Learners Name:                          |  |           |  |
| Date of Birth:                          |  |           |  |
| Address:                                |  |           |  |
| Town:                                   |  |           |  |
| County:                                 |  | Postcode: |  |
| Tel:                                    |  |           |  |
| Email:                                  |  |           |  |
| Parental/Guardian Name                  |  |           |  |
| Parent/Guardian Address                 |  |           |  |
| Tel No<br>Email                         |  |           |  |
| 2 <sup>nd</sup> Parent/Guardian Name    |  |           |  |
| 2 <sup>nd</sup> Parent/Guardian Address |  |           |  |

|  |  |
|--|--|
| 2 <sup>nd</sup> Parent/Guardian<br>Tel number<br>Email   |  |
| Additional<br>Emergency Contact<br>– Name & Tel<br>number  |  |
| Social worker<br>Tel No<br>Email   |  |
| SEN co-ordinator<br>Tel No<br>Email  |  |
| ED Physic<br>Tel No<br>Email   |  |
| Other Agencies   |  |
| Previous Schools<br>Attended include<br>dates  |  |
| Medical conditions?<br>please provide<br>details?<br><i>If you require The<br/>Luccombe Hub to<br/>administer<br/>medicines to your<br/>child during their<br/>session, please<br/>complete the<br/>medical consent<br/>form within the<br/>pack</i> |  |

**Collection arrangements:**

**Please provide details of any other persons with permission to collect your child. NOTE: The Luccombe Hub operates on a password system and those collecting will need to know the agreed password prior to your child being released into their care.**

|                 |  |
|-----------------|--|
| Name            |  |
| Address         |  |
| Tel No<br>Email |  |

The above information is correct and I sign this form as person with parental consent

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date:

**For office use only:**

Proposal signed and returned \_\_\_\_\_

Keyworker/Facilitator Assigned \_\_\_\_\_

Learner Acknowledgement of risk received: Y/N

Video and Photographic consent received? Y/N

Learner Induction carried out? – (Health & Safety, facilities, behavioural/conduct, E-Safety)

Permissions Form received: Y/N

Medicines Form completed if applicable: Y/N