

To be completed by all students on accredited courses except Skills for Life and Teacher Training
SCOLA ASSESSMENT OF LEARNING NEEDS 2011/2012

The purpose of this form is to find out if you may need extra support with your studies and to make sure the course chosen is the most appropriate one.

Please note that we will NOT be able to process your enrolment until we have received this form fully completed.

Section 1. Personal Information - Please use BLOCK CAPITALS in this section

Name :

Address :

Post Code :

Telephone Number(s)

Email Address:

Date of Birth:

Qualifications: Please list all qualifications :

Qualifications Held	Level	Date Achieved	Grade

Relevant Experience:

Please list any relevant experience that you have if you have no qualifications in the relevant subject area that you wish to study

Section 2. Course Information: Please list the course(s) and course codes you wish to take at SCOLA

	Course Title	Course Code(s)	College Use Only: Approved:
1			Interview:
2			Outcome of interview
3			Date form returned to Enrolment Centre
4			By:

Section 3. Pre-course task - Written Assessment

Please write (not word process) a paragraph in complete sentences on the following questions

a) **Why would you like to take the course(s)?**

b) **What do you hope to do once you have gained the qualification(s)?**

c) **Do you have access to a computer / what are your IT skills?**

a) _____

b) _____

c) _____

Section 4 - Support Needs

Would you like the course tutor to be aware of any concerns/worries you may have about studying the courses? Yes / No

Are you likely to have difficulties attending regularly Yes /No

Please tick

Learning Difficulties	Learner Disabilities	
<input type="checkbox"/> No Learning Difficulty	<input type="checkbox"/> No Learner Disability	<input type="checkbox"/> Temporary Disability (eg: post viral,accident)
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Aspergers Syndrome
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Mobility Difficulties	<input type="checkbox"/> Emotional / Behavioural Difficulties
<input type="checkbox"/> Other Learning Difficulty (please specify): <input type="text"/>	<input type="checkbox"/> Mental Health Difficulty	<input type="checkbox"/> Other Learner Disability (please specify): <input type="text"/>
	<input type="checkbox"/> Other medical condition (eg: epilepsy, asthma, diabetes)	

Learner statement:

I agree that all the information provided above is accurate and understand I may be asked to produce evidence of my qualifications/portfolio of work if requested by SCOLA.

I understand I am required to take the qualification with SCOLA if accepted on the course.

I have read the course details

Signed:

Date Submitted

Please return the completed form together with your enrolment form to:
SCOLA Enrolment Centre, SCOLA, St Nicholas Way, Sutton, SM1 1EA