

## Fairfield Pathways - Next Steps

### Expression of Interest

Please note, we are unable to process your expression of interest without Adult Social Care involvement, please ensure a referral has been made to Adult Social Care

*'To enable young people to live and work without barriers'*

Year of Entry:

Type of Placement

Day

Residential

Supported Living

The Fairfield Independence Services Team offers a range of services beyond education. For young people aiming to move into supported living, or who want to live more independently within their own family homes, we offer a Day and Residential Next STEPS programme. This gives people practical experience of living independently, whilst being supported to develop a range of skills needed to live independently with support. We also work collaboratively, at the request of the local authority, with families and housing providers to support young people to move into and live in their own long-term homes. We have provided this service for families wishing to fund independently.

For those looking to develop their independence skills and transition into their life beyond education we offer a range of activities that take place across our sites and in community settings. We work with every adult individually to build a completely personalised programme to meet their needs and outcomes. To aid transition, the programme is designed to fit around other aspects of a person's life to ensure that they are able to access as many opportunities as possible. We are keen to work in partnership with families and agencies that the individual may be working with, and to foster excellent communication networks.

We also offer short breaks, to aid families with respite, and holiday workshops focusing on transition and life skills.

Support programmes are person centred and tailored to meet individual needs and aspirations.

Please provide the following information in the space below:

- What are your aspirations and future goals?
- What is needed for you to achieve these goals?
- Likes, Dislikes, Interests
- What does independence look like to you?

Please complete this form with as much information as possible.

We need this information to be able to make sure that a place within The Independence Service is suitable for you and to ensure that we can meet your needs. We would like to store your expression of interest and personal information electronically whilst you are on placement with Fairfield Trust.

We will ensure that your personal information is secured confidentially and shared only with key staff (Care staff and appropriate professionals). This is to ensure that we are acting in your best interest.

You can see your records at any time.

All applications received are handled in accordance with the requirements of the GDPR and Data Protection Act 2018. Further information on how we use your data is provided in our Privacy Notices, which can be found on our website.

Please provide the following documents with your application:

- Needs Assessment (Provided by Social Care)
- Information regarding behaviour/Sensory need
- Photograph of applicant
- Any other reports which you feel would support your application (OT report/SaLT report/EHCP/Therapy)

### GDPR - Personal Data Consent

- I understand that Fairfield Trust will keep all personal information on file for the duration of the placement at college to allow the service to support the needs of my child.
- I understand that once the placement has ended, personal information will be retained in line with the Trust's Retention Policy.
- I understand and give consent for my personal data to be processed in order to enrol my son/daughter into the college or YPS service.
- In the legitimate interest of the young person, Fairfield Trust will take and use images and recordings in order to provide evidence to awarding bodies and I consent to these images/recordings to be used as evidence of achievement for assessment purposes.
- I give consent for Fairfield Trust to use my images as part of advertising and social media posts.
- I understand that I can withdraw my consent at any time.

<b>Signed:</b>		<b>Date:</b>	
<b>Print name:</b>			

1. Parent/Carer details:		2. Parent/Carer details:	
<b>Surname:</b>		<b>Surname:</b>	
<b>First name:</b>		<b>First name:</b>	
<b>Relationship to student</b>		<b>Relationship to student</b>	
<b>Address (if different):</b>		<b>Address (if different):</b>	

Student personal details:			
<b>Surname:</b>		<b>Likes to be known as:</b>	
<b>First name (s):</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Religion if known:</b>		<b>Ethnic Origin:</b>	
<b>Nationality:</b>		<b>Place of Birth:</b>	
<b>Language used:</b>		<b>National Insurance No</b>	
<b>Address:</b>			
<b>Contact: Mobile/phone/email</b>			

Please provide 2 contact names and numbers in case of an emergency:			
Name:		Name:	
Relationship:		Relationship:	
Telephone:		Telephone:	

Education:			
Current school/college:			
Address:			
Telephone:		Email:	
Headteacher:		Teacher/Tutor:	
Unique Learner Number	<i>Please ask your current school for this.</i>		

Health details:			
It is very important that the college has accurate, up to date medical and health information about your child so that we can ensure appropriate care is given. Please complete the form below as fully as possible and if you have any queries or concerns don't hesitate to contact us.			
Current Doctor:			
Address:			
Postcode:		Telephone:	
Diagnosis (ASD/ADHD etc) and any medical conditions (asthma, epilepsy etc):			

Medication	
<ul style="list-style-type: none"> <li>Please provide details of all medication, creams, inhalers etc (continue overleaf if necessary) that you will need to take whilst at college. For each medication - we will need signed consent from a medical professional. Without consent, Fairfield College will not administer medication in <b>any</b> circumstances.</li> <li>For conditions that have emergency medication, such as epilepsy Fairfield will also need additional information <b>before</b> we can administer.</li> </ul>	
Name of medication	Reason for medication
Signed (parent/guardian):	

Allergies and dietary requirements	
Allergies:	
Dietary requirements:	

**Independence and personal care:**

Students at Fairfield are supported to develop their independence and manage their own medication, bank card and finances if possible and will be assessed and supported to do this in a structured way. Please complete below to give us an idea of current levels of independence.

	Yes	No	Comments
Do you take your medication independently?			
Can you manage your bank card and finances independently?			
What level of support do you need when out in the community?			
Do you need support with personal care?			

Individuals at Fairfield are supported to learn to manage their personal care and will be assessed and supported to do this in a structured way. Staff have training, follow procedures and risk assessments to provide personal care safely when necessary. Please sign the consent declaration below to indicate that you give permission (if appropriate) for staff to provide personal care until independence is developed.

I give my consent for staff employed by Fairfield Trust to provide personal care to the named student in this application.

Signed (parent/guardian):	
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**ADDITIONAL SUPPORT- Does the applicant currently receive support from:**

	Yes	No	Name and contact details
Behaviour Lead			
Community Nurse			
Occupational Therapist			
Physiotherapist			
Psychiatrist			
Psychologist			
CAMHS/IAPT			
Speech and Language Therapist			

<b>Counsellor</b>			
<b>Visual Impairment Team</b>			
<b>Hearing Impairment Team</b>			
<b>Other Professionals?</b>			
<b>Local Authority Leads:</b>			
<b>SEND Lead Worker:</b>			
<b>Address</b>			
<b>Postcode:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>Social Worker:</b>			
<b>Address</b>			
<b>Postcode:</b>		<b>Telephone:</b>	
<b>Email:</b>			

<b>Declaration:</b>			
We understand that any personal information collected by Fairfield Trust will be treated in the strictest confidence. We understand that Fairfield Trust will ask my current provision for a reference and may ask any people who have worked with me to write a report to support my application.			
<b>Applicant Signed:</b>		<b>Date:</b>	
<b>Parent carer Signed:</b>		<b>Date:</b>	
<b>Print name:</b>			