

# High Needs Students Market Entry Annex 2 - Institution Application Form

## Organisation Information

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| **Contracting Name (Legal Entity):** |  |
| **Registered Office Address:** |  |
| **Postcode:** |  |
| **Company Registered Number:** |  |
| **Trading Name (if applicable):** |  |
| **Trading Address:** |  |
| **Postcode:** |  |
| **Legal Status of Organisation:** |  |
| **Specialist Post-16 Institution:** | Yes  No |
| **If answer to above is no, please provide institution type:** |  |

## Primary Contact (in terms of application)

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| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Direct Telephone Number:** |  |
| **Business Email Address:** |  |
| **Organisation Website Address:** |  |

## Principal/Head of Institution Details (if different from above contact)

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| **Title:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Direct Telephone Number:** |  |
| **Business Email Address:** |  |

## Background Information

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| **Which local authorities have you been in contact with in support of your application?**    **Do you agree that the EFA can contact these local authorities in support of your application?**  Yes  No |

## Proposed Student Cohort and Provision

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| **Is it proposed that education and training will be delivered in accordance with the principles governing study programmes as outlined on the DfE website?**  [Guidance on study programmes](http://www.education.gov.uk/childrenandyoungpeople/youngpeople/qandlearning/programmes) is available from the DfE website:  Yes  No |
| **Are the premises where the provision will be delivered and the educational facilities available to visit?**  Yes  No |
| **Is the proposed provision residential or day?**  Day  Residential |
| **Is it proposed that 10 or more students will commence placements at your institution in the current or start of the next academic year?**  Yes  No |
| **What is the age range of these students?**  Pre-16  16-18  19-24 |
| **Has your institution been named on each of the student's learning difficulty assessments and/or education, health and care plans?**  Yes  No |
| **Describe your direct experience of delivering this type of support to young people at local level, which can be evidenced on request. If you have not delivered education and training to young people previously, describe your relevant delivery experience.** |
| **What facilities does your organisation have for delivery of education and / or training to young people in the target area(s)?** |
| **What arrangements have you made for ensuring the support you provide is quality assured both internally and externally?** |
| **Are staff delivering the provision qualified to Teacher Learning and Skills Status?**  Yes  No  **If no, please provide further details eg part qualified, etc.** |

## Information on Learning Difficulties and/or Disabilities of Proposed Cohort

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| **Please provide information relating to the proposed learner cohort:**  Aquired brain injury  Autism spectrum disorder  Communication difficulty  Emotional/behavioural  Epilepsy  Hearing impairment  Medical condition  Mobility - non-wheelchair user  Mobility - wheelchair user  Moderate learning difficulty  Profound and multiple learning difficulty  Severe learning difficulty  Visual impairment  Other, please give details: |

## Terms and Conditions

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| **I can confirm that [insert Institution Name] agree to be bound by the terms and conditions of the EFA Contract for Services as defined within Annex 1, subject to understanding that the Contract is reviewed annually and may change from the Annex 1 version.**  Signed  Print name  Date  **I understand that failure to agree to the above, and the terms set out in Annex 1, will result in the EFA being unable to consider this application.**  Signed  Print name  Date |

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| Please email this completed application and a self-assessment report to: HNSmarketentry.efa@education.gsi.gov.uk |
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