**Form AD3: Supplementary Information Form** (**Medical/Social Need)**

This form should be completed for any child who wishes to apply for a place at St Margaret’s on the basis of medical or social need. Not filling in this form could decrease the applicant’s chances of success.

Those wishing to apply for a place in Year 7 on the basis of medical/social need **should**:

* complete **parts 1, 2, and 3 of Section A**, and sign at **part 8**; and
* pass this form to a suitably qualified professional (*eg* a doctor or social worker), asking them to complete **parts 4, 5, 6 and 7 of Section B**, and to return the whole form to the Admissions Clerk at St Margaret’s Academy by **Tuesday 31st October 2023**.

This form should be read alongside our Admissions Policy (available on our website).

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| **Section A: All Applicants** | | | | | | | | | | |
| **1** | Please give the following information about the child. If s/he lives at more than one address, please refer to the school’s Admissions Policy, which gives details about which address should be given here. | | | | | | | | | |
| Child’s Surname: |  | | | | | | | | |
| Child’s First name(s): |  | | | | | | | | |
| Child’s Date of birth: |  | | | | | | | | |
| Child’s Address:  Postcode: |  | | | | | | | | |
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| **2** | Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column. | | | | | | | | | |
| Parent’s Surname: |  | | |  | | | | | |
| Parent’s title (Mr/Ms *etc*): |  | | |  | | | | | |
| Parent’s First name(s): |  | | |  | | | | | |
| Parent’s Address: |  | | |  | | | | | |
| Postcode: |  | |  |  | | |  | | |
| Parent’s ’phone numbers: |  | | | | | | | | |
| Daytime/Evening |  | | |  | | | | | |
| Mobile |  | | |  | | | | | |
|  | Parent’s Email address (optional): |  | | |  | | | | | |
|  | | | | | | | | | | |
| **3** | Is the child a Looked After Child (see Admissions Policy for details)? | | | | | **Yes** |  | | **No** |  |
| Does the child have an Education Health Care Plan that names St Margaret’s as the only school he can attend? | | | | | **Yes** |  | | **No** |  |

*/continued overleaf*

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| **Section B: Applications on the basis of Medical/Social need**   * For cases of medical need, **questions 4, 5 and 6 should be completed**, **and signed at part 7** by a suitably qualified medical professional (such as a doctor). * For cases of social need, **questions 4, 5 and 6 should be completed**, **and signed at part 7** by a suitably qualified professional in this area (such as a social worker). | | | | | | | | | | |
|  | | | | | | | | | | |
| **4** | Name of person completing this section | | | | |  | | | | |
| Contact telephone number | | | | |  | | | | |
| Professional qualifications | | | | |  | | | | |
| Professional capacity in which recommendations are made | | | | |  | | | | |
|  | | | | | | | | | | |
| **5** | Please describe the nature of the family’s circumstances. (Please note that circumstances affecting either the boy or the wider family could be germane to an application on social/medical grounds.) | | | | | | | | | |
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| Please set out the particular reasons why St Margaret’s Academy is suitable for this boy. | | | | | | | | | |
|  | | | | | | | | | |
| Please outline the difficulties that would be caused if this boy had to attend another school. | | | | | | | | | |
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| **6** | *Please tick* ***one*** *box* | | | | | | | | | |
| In my professional opinion, several schools could meet this boy’s needs, and St Margaret’s Academy is one of these. | | | | | | | |  | |
| In my professional opinion, other school(s) could meet his needs, but St Margaret’s Academy is **the best-placed school** to do so. | | | | | | | |  | |
| In my professional opinion, St Margaret’s Academy is **the only school** that could meet his needs. | | | | | | | |  | |
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| **7** | I certify that the information given above is accurate. | | | | | | | | | |
| **Signed:** | |  | | **Date:** | | |  | | |
|  | | | | | | | | | | |
| **Section C: Parental signature***(to be signed by the parent named in the first column of part 2)*  To be signed **in all cases**. | | | | | | | | | | |
| **8** | I certify that the information I have given is accurate. | | | | | | | | | |
| **Signature:** |  | | **Print Name** |  | | **Date** | | |  |