**Myerscough College**

**Disabilities/Learning Support Need Questionnaire for Apprentices**

The **preferred method** of return for this form is via email to the address: ilapprenticeships@myerscough.ac.uk

Alternatively, you can send it via post to The Apprenticeship Inclusive Learning Team, Myerscough College, Bilsborrow, Preston, PR3 0RY.

|  |  |
| --- | --- |
| **Question** | **Answer** |
| What is your full name? |  |
| What is your date of birth? |  |
| What is your Learning Difficulty, Disability or Medical Condition? |  |
| Have you had additional support at a previous school or college? If yes, please name the School/College. |  |
| Have you had exam access arrangements in the past? If yes, please advise us of the relaxations eg. extra time etc. |  |
| Do you have an Educational Health and Care Plan? |  |
| Do you have an SEN Action Plan? |  |
| Do you have an Educational Psychologists Report? |  |
| Do you have a Medical Report/Letter? |  |
| Do you have any other statement of needs? If yes, please state.  |  |