



“RESPECT YOUR ACHIEVEMENTS NOW”

**Data Protection Act 1998:** Information included in the registration form is covered under the (DPA) 1998. Information obtained will be kept on a personal computerised record. You have a right to access information held about you.

## REGISTRATION FORM

### PERSONAL INFORMATION

Mr  Miss  Mrs  Ms  Other \_\_\_\_\_  
(Please specify)

Surname (BLOCK CAPITALS) \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age 13  14  15  16

Gender: Male  Female  Year Group (if applicable): 8  9

10  11

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mother's Mobile No. \_\_\_\_\_

Young Person's Mobile No. \_\_\_\_\_ Father's Mobile No. \_\_\_\_\_

Guardian/Carer

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

## ETHNIC BACKGROUND

Please tick the box that describes your ethnic origin:

Asian or Asian British	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Other (please specify)	_____
Bangladeshi	<input type="checkbox"/>		
Yemeni	<input type="checkbox"/>		
Somalian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian Other (please specify)		Vietnamese	<input type="checkbox"/>
_____		Other ethnic group (please specify)	_____
White	<input type="checkbox"/>		
British	<input type="checkbox"/>		
White Irish	<input type="checkbox"/>		
White Other (please specify)			_____

## DUAL HERITAGE

White & Black Caribbean	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Any Other (please specify)	_____

## DISABILITY

The **Disability Discrimination Act 1995** defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to be a disabled person under the Disability Discrimination Act?

Yes  No

If Yes please indicate type of disability.

Visual       Hearing       Learning Difficulty

Physical       Other (Please specify) \_\_\_\_\_

Would you require additional support? i.e. equipment, access    Yes       No

(Please specify) \_\_\_\_\_

### EDUCATIONAL DETAILS

Please give name and date of most recent School attended.

School: \_\_\_\_\_ Date: \_\_\_\_\_

Where or how did you find out about the R.Y.A.N Education Academy? (Please *✓* tick box)

Friend /Relative       Agency       Leaflet/Poster

School       Website       Other \_\_\_\_\_  
(Please state)

What is the highest academic qualification the young person has achieved before starting the R.Y.A.N Education Academy?

No Qualifications       GCSE       ASDAN AWARD

City & Guilds       OCR       Other qualifications/certificates  
\_\_\_\_\_  
(Please specify)

Are there any special circumstances that the school staff needs to be aware of that may affect this young person's performance in school. Should you wish to contact a member of staff at the R.Y.A.N Education Academy, please contact us at c/o Concord Youth Centre, Claremont Road, Sparkbrook, Birmingham, B11 1LF, or call 0121 675 8885.

Please provide any other additional information (where applicable)

Name of Person Referring Young Person: (Please print) \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Does the young person fulfil any of the criteria below? (Please ✓ tick accordingly - more than one may apply)**

Excluded from School	<input type="checkbox"/>	Name of School: _____
Not in Training	<input type="checkbox"/>	Telephone No. _____
Not in Employment	<input type="checkbox"/>	Off School Roll <input type="checkbox"/>
Young Offender	<input type="checkbox"/>	On School Roll <input type="checkbox"/>
Low level of achievement	<input type="checkbox"/>	Other _____
Special Needs, (including Statement of Special Educational Needs) e.g. emotional behavioural difficulties, learning difficulty, e.g. dyslexia	<input type="checkbox"/>	

Have you discussed the R.Y.A.N. Education Academy with the young person? Yes  No

Have you agreed the referral of the R.Y.A.N. Education Academy with the young person? Yes  No

**Does the young person receive free school meals?** Yes  No

Young Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referrers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Catherine Elizabeth Ryan-Harris  
Headteacher/ Head of Curriculum and Education  
R.Y.AN. Education Academy  
c/o Concord Youth Centre  
Claremont Road  
Sparkbrook  
Birmingham  
B11 1LF

Telephone: 0121 675 8885      Fax: 0121 675 8886

E-mail:      info@ryaneducationalacademy.co.uk

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**For Office Use**

Date Referral Received: \_\_\_\_\_ Processed By: \_\_\_\_\_

Start date at the R.Y.A.N. Education Academy: \_\_\_\_\_