



## Supplementary Information Form – Applications under Criterion 2: Children of Staff Members

Applications for entry under Criterion 2 (Children of Staff) must be accompanied by this form. Once completed, this form, along with any supporting documentation, must be returned to the Admissions Officer by 31st October for Year 7 applications, or submitted with the In-Year application form for other year groups.

### Student Details

Full name: \_\_\_\_\_

Current school: \_\_\_\_\_

Home address: \_\_\_\_\_

Requested start date: \_\_\_\_\_

### Staff Member Details

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Start date of employment at Eggar's School: \_\_\_\_\_

I am applying for a priority place in accordance with the School's Admissions Policy.

Signature of Staff Member / Parent / Carer / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Option 1: Length of Service

I have been employed at Eggar's School for two or more years as of the closing date for admissions applications. My employment contract confirms that my place of work is the Eggar's School.

Signature by HR: \_\_\_\_\_ Date: \_\_\_\_\_

### Option 2: Skills Shortage

My employment meets an identified skills shortage at the school. Staff wishing to confirm whether their role qualifies under the skills shortage criterion should speak with the Headteacher.

To qualify under the skills shortage criterion, the staff member must have been recruited to fill a vacant post for which there is a demonstrable skills shortage, evidenced by unsuccessful recruitment attempts or a lack of suitable applicants. Applicants will be informed of their status for this purpose.

Signature of Headteacher: \_\_\_\_\_ Date: \_\_\_\_\_



## Supplementary Information Form To be completed for applications under Criterion 3 Exceptional or Social or Medical

Occasionally there will be a very small number of students for whom Exceptional or Social or Medical circumstances will apply which will warrant a place at a particular school. In all cases, supporting documentation must be submitted as to why the child should attend this school and why no other school could meet the child's needs. The evidence must be specific to the school.

Applicants who wish to be considered for priority under the criterion of Exceptional or Social or Medical circumstances must complete this form, in addition to the Local Authority application form and forward the form with all supporting documentation.

- If the application is for Year 7 in September, this form and supporting evidence must be submitted by 31st October. Any forms or evidence submitted after this date may not be considered until after the national offer day.
- If the application is for in-year admission at any other time, this form and supporting evidence must be submitted at the same time as submitting the Local Authority application.

Recent supporting evidence from relevant registered professionals involved with the child must also be submitted with this form. This could come from: (not exhaustive)

- a Doctor, Medical Consultant, Psychologist, Psychiatrist, CAMHS worker
- a Social worker, Current Head Teacher, Home School Link Worker, Family support worker, Health professional, Housing officer, the Police or Probation officer

All evidence must be on letter headed paper and reflect the child's current situation.

**The evidence must confirm the circumstances of the case and must set out why the child should attend the school and why no other school could meet the child's needs.**

Providing evidence does not guarantee that a child will be given Exceptional Social or Medical priority at the school and in each case a decision will be made by the Governors' Admissions Committee, alongside and with advice from the Headteacher and the Admissions Officer. The decision will be based on the merits of the case and whether the evidence demonstrates that a placement should be made at the school and no other school could accommodate the child's needs.

Common medical conditions such as allergies and asthma and Special Educational Needs can usually be supported in all schools, therefore priority under the school's Exceptional Social Medical criterion would not normally be given for these.

It is the applicant's responsibility to provide all evidence in support of their request and it is not possible for the request to be considered under this criterion if additional evidence is not supplied. Requests will be considered in accordance with the Equalities Act 2010.

Providing evidence does not guarantee that your child will qualify for a priority place.

Please complete all boxes in CAPITAL LETTERS

### 1. Child's details

Question	Answer
Surname	
First name	
Date of birth	
Address	
Name of School for which priority is requested	

### 2. Details of case

Question	Answer
Please set out the particular reasons why the school named in Section 1 is the only school that can meet your child's needs and the difficulties that would be caused if your child had to attend another school.	

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### 3. Supporting Documentation

Question	Answer
Please list the supporting evidence that is being submitted to support your application under the Exceptional Social Medical criterion	

### 4. Declaration

I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with other departments within Eggar's School, Hampshire County Council, other Local Authorities, admissions authorities, schools and Government agencies where necessary.

I understand that the outcome of this request for Exceptional Social or Medical priority will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the Local Authority.

I certify that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under Exceptional Social Medical grounds.

I understand that if I submit this form or evidence after the closing date it may not be considered until after the national offer day.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

Signature of parent/carer/guardian:	
Email address of parent/carer/guardian:	
Date:	

Once completed, this form and supporting documentation must be returned to:  
The WMAT Admissions Officer, WMAT, Weydon Lane, Farnham, Surrey, GU9 8UG or email  
[admissions@wmat.org.uk](mailto:admissions@wmat.org.uk)

If you are posting your form we recommend that you send it by recorded delivery.