

Inspection of further education colleges with residential provision for young people aged 16 and 17

Form

Name of college	
URN	

The form is to be completed by or on behalf of the college principal.

All information should be valid on the date this form is completed.



1. Principal/College details			
Name of principal			
Address of college			
Fax			
Telephone			
Email			
2. Staff member nominated for child protection liaison with children's services			
3. Does the college have a governing body or equivalent?			
Name of chair of governors' or the person or body responsible for the college			
Chair of governors' telephone number			
5. Date and outcome of last inspection by the environmental health service			
(dd/mm/yyyy)			
	ite on which residential	'es	No
(dd/mm/yyyy) 6. Does the college have more than one si		'es	No



7. Please provide numbers of current residential students. Include all part-time (usually less than termly or weekly) residential students who are not counted elsewhere.				
Age of students	Students: full residential students	Students: weekly residential students	Students: part- time residential students	Total
Under 16 years				
16 years				
17 years				
18 years				
19+ years				
Total				

8. Please provide number of day students (aged 16- to 17-years-	
old). Do not include those counted above.	

9. Please describ				T.,
Name of house	Age range	Current number of residents	Brief description of house/unit	Number and structure of house/unit staff group



Name of house	Age range	Current number of	Brief description of house/unit	Number and structure of
	range	residents		house/unit staff group



9. Please describe	e the colle	ege's residen	tial provision.	
Name of house	Age range	Current number of residents	Brief description of house/unit	Number and structure of house/unit staff group

Continue on a separate sheet if necessary.

10. Does the college arrange accommodation for young people aged 16 or 17 in lodgings, including college staff housing?	Yes	No
If you answer 'yes', please give details below but do not prov	ide any names.	



. Please outline the nature and extent of any arrangement		
commodate students during college holidays, either on	site or elsewhe	re, including
lgings or staff accommodation.		
	college to accom	modate 16-an
3. Please give details of any arrangements made by the o 7-year-olds other than students of the college.	college to accom	modate 16-an
	college to accom	ımodate 16-an
	college to accom	modate 16-an
	college to accom	modate 16-an
	college to accom	modate 16-an
-year-olds other than students of the college.		
-year-olds other than students of the college. 4. Are there any residents with special educational	college to accom	modate 16-an
-year-olds other than students of the college. 4. Are there any residents with special educational		
4. Are there any residents with special educational eeds and/or disabilities currently at the college?		
4. Are there any residents with special educational eeds and/or disabilities currently at the college?		
4. Are there any residents with special educational eeds and/or disabilities currently at the college? you answer 'yes', please state number.	Yes	No
4. Are there any residents with special educational eeds and/or disabilities currently at the college? you answer 'yes', please state number. ease list any special provision (adaptations, equipment, support	Yes	No
	Yes	No
4. Are there any residents with special educational eeds and/or disabilities currently at the college? you answer 'yes', please state number. ease list any special provision (adaptations, equipment, support	Yes	No
4. Are there any residents with special educational eeds and/or disabilities currently at the college? you answer 'yes', please state number. ease list any special provision (adaptations, equipment, support	Yes	No
4. Are there any residents with special educational eeds and/or disabilities currently at the college? you answer 'yes', please state number. ease list any special provision (adaptations, equipment, support	Yes	No



	e college's statement of principles reviewed? (dd/mm/yyyy)		
Was it amended?		Yes	No
If yes, please sumn	narise the amendments.		
	y activities for residents that involvent the college staff.	e external superviso	rs or
mstructors not of	ii the conege stan.		
	nsible for health and safety matters		
Name Telephone			
Email			
	1		
	ne college counsellor, 'independent li n to welfare matters?	istener', or other pe	rson outside
Name			
Telephone			
Email			
Namo			
Name			
Telephone			



Email		
Name		
Telephone		
Email		
Name		
Telephone		
•		
Email		
=		
Name		
Telephone		
•		
Email	 	

Continue on a separate sheet if necessary.



19. Does the college employ any registered nurses?	Yes	No	
If 'yes', please state how many.			

20. Have any of the following events occurred since your last residential inspection? If 'yes', please describe.	Yes	No	Description
Dismissal or resignation of a member of staff because of concerns about their suitability to work with young people			
Exclusion of a resident student			
Any allegation of abuse of a student (day or resident) while looked after by the college			
Accident or injury to a resident while looked after by the college, requiring in-patient treatment			
Death of any student while looked after by the college			



21. Have you, since your last residential inspection, taken any action, or identified any action as needed, as a result of any of the following? If 'yes', please describe.	Yes	No	Description
Any incidence of police involvement at the			
college (among residential students)			
High levels of non-attendance, suspension or exclusion (among residential students)			
High levels of unauthorised absences (among residential students)			
Child protection referrals made to local authority children's services			
Students who you have considered to be at risk of child sexual or child criminal exploitation			
Students who you have considered to			
be subject to child sexual or child criminal exploitation			
Residential staff recruitment			



22. Is there anything else you would like to tell us?				
Thank you for completing this form. Please complete the details below to confirm that the information you have provided is true and accurate. The lead inspector may ask you about the details provided.				
Completed by				
Position within the college				
Date				