



16-18 Years
Application Form for Provision

First name(s)/legal name(s):

Family/Surname:

Gender:

Date of Birth:

Parents name:

Email:

Permanent address:

Postcode:

Telephone Home:

Mobile:

Email:

What is your Nationality?

Have you been living in the UK/EEA for the last 3 years? Yes or No

(delete as appropriate)

Courses you wish to apply for

1st Choice

2nd Choice (not compulsory)

Current School:

EHCP Local Authority Held:

Do you have any support at school for anything? (Delete as appropriate)
Yes or No

Please tell us if you have any disability or learning difficulties. Please tick as appropriate

<input checked="" type="checkbox"/> Visual impairment	<input checked="" type="checkbox"/> Other specific learning difficulty	<input checked="" type="checkbox"/> Other medical condition
<input checked="" type="checkbox"/> Disability affecting mobility (e.g. dyspraxia, dyscalculia, ADHD) (e.g. epilepsy, asthma, diabetes)		
<input checked="" type="checkbox"/> Social and emotional difficulties	<input checked="" type="checkbox"/> Other learning difficulty	<input checked="" type="checkbox"/> Prefer not say
<input checked="" type="checkbox"/> Moderate Learning difficulty	<input checked="" type="checkbox"/> Hearing impairment	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> Dyslexia	<input checked="" type="checkbox"/> Profound complex disabilities	Other (please specify)
<input checked="" type="checkbox"/> Autistic spectrum disorder	<input checked="" type="checkbox"/> Mental health difficulty
<input checked="" type="checkbox"/> Temporary disability after illness (e.g. post viral) or accident	<input checked="" type="checkbox"/> Severe learning difficulty
	<input checked="" type="checkbox"/> Other physical disability	

Where did you hear about the course your applying for?

Keeping in touch
For you to stay up to date with your application process or enquiry we will get in touch from time to time to inform you about college events including open days and other events as well as other relevant information such as new courses or services that we intend to provide.
(Delete as appropriate)
Yes please, I would like to receive communications by email
Yes please, I would like to receive communications by telephone
Yes please, I would like to receive communications by mobile (SMS)
Yes please, I would like to receive communications by post
No, I would prefer not to be contacted

Declaration
Do you have an unspent criminal conviction or pending criminal investigations?
Yes or No (Delete as appropriate)
If yes please give the name and the contact details of a person we can contact for further information.

Applicant signature:

Date: