



Application Form

FOR ENTRY SEPTEMBER 2012

If you need help filling in this form or require it in another format please ring **01253 394911**

(1) Personal Details (please complete in block capitals)

Surname: _____

First Name(s): _____

Chosen Name: _____

DOB: (dd - mm - yyyy) _____

Address: _____

Length of time at this address: (yy - mm) _____

Town: _____

Postcode: _____

(Previous postcode if less than 3 years)

Country (if other than UK): _____

Email: _____

Home Tel No: _____

Mobile No: _____

Country of Birth: _____

Nationality: UK EU/EEA Other

(Must be completed)

Resident in the UK for the last 3 or more years Yes No

(Must be completed)

If not UK, please state: _____

Gender: (please tick) Female Male

Have you previously enrolled at the College? Yes No

Doctor Surgery Name: _____

Surgery Tel: _____

(2) Parent / Guardian Information

Indicate to whom you would like correspondence to be sent. This person/these people will receive updates about your progress at College. Where appropriate fill in both parents' information separately. Please include the area dialling code for telephone numbers and any extensions.

Parent or Guardian: Parent Guardian

Title: _____ (Mr; Mrs; Miss; Ms; Other)

Forename: _____

Surname: _____

Occupation: _____

Attended HE: Yes No

Address: _____

Town: _____

Country: _____

Postcode: _____

Home No: _____ **Mobile No:** _____

Do you wish to receive attendance/progress data and College information by email? Yes No

Email Address: _____

Please specify alternative emergency contact information:

Name: _____ **Relationship:** _____ **Tel No:** _____
(e.g. grandmother) (other than home no.)

Where is this number for: _____ (mobile, work, etc)

(3) School Details

Present School / College: _____

Primary School: _____

Parent or Guardian: Parent Guardian

Title: _____ (Mr; Mrs; Miss; Ms; Other)

Forename: _____

Surname: _____

Occupation: _____

Attended HE: Yes No

Address Details same as left: Yes No

Address: _____

Town: _____

Country: _____

Postcode: _____

Home No: _____ **Mobile No:** _____

Do you wish to receive attendance/progress data and College information by email? Yes No

Email Address: _____

(6) Equal Opportunities Monitoring

Please choose from the boxes below the one which you feel most closely describes your ethnic origin

White	Asian/Asian British	Black/Black British	Mixed Ethnic Group	Other Ethnic Group
British <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Arab <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black background <input type="checkbox"/>	White & Asian <input type="checkbox"/>	
Other White background <input type="checkbox"/>	Chinese <input type="checkbox"/>		Other mixed/multiple background <input type="checkbox"/>	
	Other Asian background <input type="checkbox"/>			

Please also tick if you speak **English as a Second Language**

(7) Career Ideas

Please indicate your current intentions after College:

Higher Education (e.g. University) Employment Future Career/Study Area if known (e.g. Business, Engineering) _____

(8) Interests / Activities

Briefly outline any interests you have e.g. sports, music / drama, clubs, volunteering: _____

(9) Enrichment Activities

Do you wish to be considered for a place in a (please tick) **College Sporting Academy** **Netball** **Basketball** **Rugby**
and/or
College Team **Football** **Hockey**

(10) Additional Information

Did you attend our Open Evening? (please tick) Yes No

Have you ever been convicted of a criminal offence (not including motoring offences)? (please tick) Yes No

We may choose to discuss this further with you.

For College Use Only

(11) Additional Support

We are committed to meeting the needs of all our students, so please contact Additional Support to inform us about the support or exam arrangements you have received in High School.

The information you provide will not affect your chance of being offered a place at College. You can decide who to tell about this when you sign the orange form (Disclosure Agreement)

Please tick (as required):

- I have a medical condition but I do not need support, e.g. asthma (please specify) _____
- I have a medical condition or learning difficulty or other issue which affects my learning e.g. Dyslexia, Dyscalculia, Asperger's, Dyspraxia, Autism
- I have some difficulty with learning but have not needed direct support at High School
- I am living or have lived in care/residential care accommodation
- I am a carer

(12) Privacy Statement 2011/12 How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

The information you provide may also be shared

with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training, including Local Authorities, Local Secondary Education Providers and Connexions.

At no time will your personal information be passed to organisations for marketing or sales purposes.

Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy>
<http://www.ypla.gov.uk/privacy> and
<http://www.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information>

Tick any of the following boxes if you do not wish to be contacted

- About courses or learning opportunities
- For surveys and research By post
- By phone By e-mail

I understand that the College does not authorise holidays during term time and by signing this I agree not to book or accept holidays during term time. I undertake to inform my parents/guardians of this. Your signature indicates you agree to us storing and processing your data.

Signature: _____

Date: _____

Please note: Your application will be recorded on our computer database when you have submitted this form. This will ensure that you will have an interview with one of our Admissions Tutors. If relevant, your information will be viewed by the Additional Support Team. If necessary, you will be contacted to discuss your needs.

For College Use Only Comments	Entered on Database by:	
	Roll No.:	
	Date:	
	Date of Interview:	
	R Score:	
	Interviewer's Initials:	

When completed, send this form to: Blackpool Sixth Form, Blackpool Old Road, Blackpool FY3 7LR

Notes:

(Office Use only)