

Personal Details

Surname _____ Name of Parent(s)/Guardian(s) _____

Forename(s) _____ Address of Parent(s) if different to yours _____

Date of Birth ____ / ____ / ____ _____

Sex (Male/Female) _____ _____

Full Postal Address _____ Postcode _____

_____ Daytime contact number _____

_____ Mobile number _____

Postcode _____ Email _____

Home telephone number _____

Student mobile number _____

Email _____

Have you previously been a student at The Sixth Form College Birkenhead? Yes No

Are you a British or EU citizen? Yes No

Do you require a student visa to study in the UK? Yes No

Will you have lived in the UK, EU or EEA for 3 years on 1st September 2017? Yes No

Emergency Contacts

It is essential that the college has details of two people we can contact during the normal college day in case of an emergency. One will be the parent/guardian above, please provide a second contact in case of an emergency:

Name _____

Daytime contact number _____

Mobile number _____

Relationship _____

Education

Please provide details of schools/colleges attended since Year 10

Schools	Date attended	
	From	To

If you have left education please provide details of any employment or training you have undertaken:

Qualifications

Please list all qualifications achieved or to be taken

Subject	Type of Course GCSE, BTEC Level 2/3, GCSE short course, AS/A2 Levels)	Grade		Year taken /to be taken
		Predicted	Actual	

Please add any additional qualifications you may have onto a separate sheet and attach to your application.

Subjects you wish to study at The Sixth Form College

Subject/Course	Level

How would you describe your ethnic origin? (please tick)

White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Any other White background

Mixed/multiple Ethnic Group

- White & Black Caribbean
 White & Black African
 White and Asian
 Any other Mixed/Multiple ethnic background

Asian/asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Black/african/Caribbean/black British

- African
 Caribbean
 Any other Black/African/Caribbean background

Other Ethnic Group

- Arab
 Any other ethnic group

What is your main language spoken at home?

Career Plans

Please detail any career plans you may have:

About you

Please list any achievements, positions of responsibility and interests:

How did you learn about the College/Course? (Please tick one box only)

- College Website
 Careers Adviser
 Teacher
 Advertisements
 Facebook/Twitter
- Friend/Relative
 Talk by College Staff
 Other (please detail) _____

Have you attended an Open Event at The Sixth Form College? Yes No

Learning Support

The college will make reasonable adjustments to avoid disadvantage to students with learning difficulties and/or disabilities. Please tick if you have one or more of the following conditions:

- autism
 sensory impairment
 specific learning difficulty which may impact upon learning (such as dyslexia, dyspraxia, ADHD)
 major medical condition requiring therapy or medication (e.g. mental health / epilepsy)

Please state your condition(s):

Is English a second language? Yes No

Please add any other information that you feel is relevant to your application:

DATA PROTECTION:

Birkenhead Sixth Form College uses this application form to collect information about you for various administrative, academic and health and safety reasons. This information may be shared with other government and educational organisations for the purposes of administration, careers and other guidance. Other organisations with which we will share information include educational institutions and organisations performing research and statistical work on behalf of Birkenhead Sixth Form College or its partners.

The Data Protection Act 1998 requires you to sign the following 'consent to process' clauses:

I agree to Birkenhead Sixth Form College processing personal data, including data about my ethnicity, criminal convictions, my learning difficulties & disabilities and medical conditions which Birkenhead Sixth Form College obtains from me or other parties.

I agree to the processing of such data for any purposes connected with my course application, my health and safety or any other legitimate reason.

SIGNATURE _____

DATE _____

For completion by Parent/Guardian: I support this application and to the best of my knowledge, the details given are accurate.

Parent/Guardian SIGNATURE _____ DATE _____