



### Health

Do you have any health problems that might affect your education for which special arrangements need to be made? Please give brief details.

### Learning Needs

Do you have an identified learning need?

If YES— please explain

YES / NO

Is English your second or additional language? Yes/No

If Yes, what is your first language?

### Interests/Experience

Please give as much information as you can about your personal interests and responsibilities e.g. music, sport

### Work Experience/Part-time Work

Please give information about any work experience or employment you may have had (attach additional sheet if necessary)

### Future Career Intention

What sort of employment or career do you think you may eventually enter?

### Higher Education

Do you expect/hope to progress to Higher Education? (i.e. University Level Education) Yes/No  
Which area of study might you choose?

Do you have any unspent Criminal Convictions? Yes/No

Have you applied for a course at another School or College? Yes/No

If yes, where?

Optional supporting statement from Parent, Guardian, School

I confirm that the information provided on this application form is correct. I give permission for the College to get in touch with me about my application, enrolment or progress using any of the contact details I have provided. I understand that the College is obliged to share my personal data with some organisations in accordance with the relevant fair processing notice. I give my permission for my information to be used in my personal best interests by college personnel and other professionals directly involved in processing my application. If my course is funded or sponsored by an employer, I give permission for the College to share and discuss my application with my employer. If I am aged 18 years or younger on the day I sign this form, I accept that the College may discuss my application and share my personal information with my parent(s), carer(s) or previous school. I agree to comply by the College Code of Conduct.

Signature of Applicant:

Date: