

16 - 18 Years Application Form



Tell us about yourself (Please write neatly in block capitals and in black ink)

Family / Surname:

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

Permanent address:

Postcode:

Tel. Home: Mobile:

E-mail:

Unique Learner Number (if known):

Are you a current Stockport College student? Yes No

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

What is your nationality?

If you are, or have been, living overseas please state your date of entry into the UK:

Parents Name: E-mail:

Tell us about your qualifications

Please indicate below all the qualifications you have already taken and details of those you will be taking in the summer. If you are still at school and are unsure of your grades ask your Careers Teacher or Head of Year for your predicted grades.

Name of present or former school if under 18: Date of Leaving:

Subject	Level (For example, GCSE/AS)	Grade or Predicted Grade	Date of Exam
GCSE English			
GCSE Maths			
GCSE Science			
Other subjects			

No formal or expected qualifications

Courses or Apprenticeship you wish to apply for

1st choice

2nd choice (Not compulsory)

If you are interested in an apprenticeship, please indicate which subject below.

Tell us more about yourself

Please tell us more about yourself. Why you would like to do this course, any relevant work experience, part-time employment, hobbies or achievements.

Do you have support at school for anything?

Yes No

Please tell us if you have any disability or learning difficulties. (Please tick appropriate box/es)

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

Do you have an Educational Healthcare Plan?

Yes No

How did you hear about the course you are applying for?

- School Visit from Stockport College Stockport College Open Event Stockport College Prospectus
 Stockport College Website Facebook Twitter Search engine Advertising Radio Word of mouth

Equal Opportunities Monitoring - Ethnicity
(Please tick which group best describes you)

White

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

Mixed/Multiple Ethnic Group

- White and Black Caribbean
 White and Black African
 White and Asian
 Other Mixed/Multiple ethnic background

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background

Black/African/Caribbean/Black British

- African
 Caribbean
 Other Black/African/Caribbean background

Other Ethnic Group

- Arab
 Other ethnic group

Declaration

Do you have an unspent criminal conviction or pending criminal investigations? Yes No

If yes please give the name and contact details of a person we can contact for further information.

Applicant Signature:

Date:



Please return your completed form to this FREEPOST address.
(NO STAMP NEEDED)

FREEPOST Stock College



For general course enquiries, application enquiries or to request this form in alternative formats please call
0300 3000 090

Office use only

ID No:

Date Rec:

Date Ack: