

# 16-18 Years Application Form



Please write neatly in BLOCK CAPITALS and in black ink

## Section 1 Personal Details

Family / Surname:	
First name(s)/legal name(s):	
Home address:	Title: Mr/Ms/Mrs/Miss
Postcode:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a current Stockport College student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:
Unique Learner Number (if known):	

## Mandatory Information

Tel. Home:	Mobile:
E-mail:	

Parents Name:	E-mail:
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## Section 2 Courses or Apprenticeship you wish to apply for

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

## Section 3 Status

What is your nationality?
Have you been living in the UK/EEA for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are, or have been, living overseas please state your date of entry into the UK:

## Section 4 Education Please name your present or former school if under 18

Name of school:	Date of leaving:
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## Section 5 Tell us about your qualifications

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

## Section 6 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.

## Section 7 Additional Support

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<br>(e.g. dyspraxia, dyscalculia, ADHD) | <input type="checkbox"/> Other medical condition<br>(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<br>(e.g. post-viral) or accident | <input type="checkbox"/> Other physical disability   | _____   |

Do you have an Educational Healthcare Plan?  Yes  No

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

- |   |  |   |
|---|--|---|
| <b>White</b><br><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Gypsy or Irish Traveller<br><input type="checkbox"/> Other White background                            | <b>Asian/Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Other Asian background | <b>Other Ethnic Group</b><br><input type="checkbox"/> Arab<br><input type="checkbox"/> Other ethnic group |
| <b>Mixed/Multiple Ethnic Group</b><br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> White and Asian<br><input type="checkbox"/> Other Mixed/Multiple ethnic background | <b>Black/African/Caribbean/Black British</b><br><input type="checkbox"/> African<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> Other Black/African/Caribbean background  |   |

## Section 8 Declaration

\* If you are filling in this form electronically, Please type your name in the "Signature" field and check the box to agree to the declaration. (No signature required)

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:

\*By selecting this box I agree to the declaration above.

### Keeping in touch

For you to stay up to date with your application process or enquiry we will get in touch with you from time to time to inform you about college events including open days and main enrolment events as well as other relevant information such as new courses or services that we intend to provide.

- 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

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 300 0090**

Office use only

ID No:

Date Rec:

Date Ack: