

Our Ref:

Application Form 2018 Entry



Please complete this Application form in **black pen**, if you are over 18, are currently studying outside of Leicester, are applying for Foundation Art Diploma or are not currently attending a school or college. If you need any advice on suitable courses to follow please contact Student Services.

Personal Details

Forename Surname

Date of Birth Date of entry to the UK

Gender (please tick) Male Female Tick this box if you will be over 19 on 01/09/2017

Tick this box if you have a disability Tick this box if you have a learning difficulty

Medical and Health Conditions

EHCP Y/N Safeguarding

LAC Y/N Nationality

Ethnic/cultural Origin (please circle):

Asian or Asian British:	Bangladeshi	Indian	Pakistani	Other
Black or Black British:	African	Caribbean	Other	
Mixed, White and:	Asian	Black African	Black Caribbean	Other
White:	British	Irish	Other	
Chinese	Other (please state):			

Full Home Address:

<input type="text"/>	Home Number	<input type="text"/>
<input type="text"/>	Student Mobile Number	<input type="text"/>
<input type="text"/>	Student Email	<input type="text"/>
Postcode: <input type="text"/>	Student's language	<input type="text"/>

Last School or College attended (for reference)

Name: <input type="text"/>	School/College dates attended:	
Address: <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>
<input type="text"/>		
<input type="text"/>		
Postcode: <input type="text"/>		

Emergency Contact Details/Next of Kir

Name <input type="text"/>	Home Number	<input type="text"/>
Relationship <input type="text"/>	Mobile Number	<input type="text"/>
Address <input type="text"/>	Work Number	<input type="text"/>
<input type="text"/>	Contact's Email	<input type="text"/>
<input type="text"/>	Contact's Language	<input type="text"/>

Qualifications and Examinations

Please include all qualifications you have taken e.g **GCSE/A Level/BTEC/OCR**

Subject	Level	Predicted grade	Actual grade	Year

Course/Subject choices

Please include subject and level:

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Personal Statement (attach separate sheet if necessary)

Include hobbies, interests, Voluntary work and club memberships

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Signature of student:

Date:

Signature of parent: (If under 18)

Date:

Please Post to: Student Services, Gateway Sixth Form College, Colin Grundy Drive, Leicester, LE5 1GA

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