

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 course to follow please contact Student Services.

Personal Details

Forename	<input type="text"/>	Surname	<input type="text"/>	
Date of Birth	<input type="text"/>	Date of entry to the UK	<input type="text"/>	
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	01/09/2016	<input type="checkbox"/>	
Tick this box if you have a disability	<input type="checkbox"/>	Tick this box if you have a learning difficulty	<input type="checkbox"/>	
Medical and Health Conditions	<input type="text"/> EHCP?			
Nationality	<input type="text"/>	Religion	<input type="text"/>	
First Language	<input type="text"/>	Second Language	<input type="text"/>	
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"/>	Telephone Number	<input type="text"/>		
<input type="text"/>	Mobile Number	<input type="text"/>		
<input type="text"/>	Email Address	<input type="text"/>		
Postcode:	<input type="text"/>			
Last School or College				
Name	Telephone Number	<input type="text"/>		
Address	Name of Referee*	<input type="text"/>		
<input type="text"/>	*Must be from your last school if you are under 21			
<input type="text"/>	School/College dates attended:			
Postcode:	From:	To:		
Emergency Contact Details/Next of Kir				
Name	Telephone Number	<input type="text"/>		
Relationship	Mobile Number	<input type="text"/>		
Address	Work Number	<input type="text"/>		
<input type="text"/>				
<input type="text"/>				
Have you applied to Gateway College before? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Qualifications and Examinations

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

Subject	Level	Predicted grade	Actual grade	Year

Interests/Activities

Include Voluntary work, hobbies, interests, evening classes or membership to any clubs

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Course/Subject choices

Please include subject level:

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Reasons for your Choices: Include future career path

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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

