

Our Ref:

Gateway College Application Form 2025



If you need any advice on courses or entry requirements before completing this application form please look on the website: www.gateway.ac.uk or contact Student Services at: studentservices@gateway.ac.uk.

Which academic year are you applying for:

Personal Details

Forename Surname

Date of Birth Date of entry to the UK

Gender (please select) Tick this box if you will be over 19 on 01/09/2024

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

Medical and Health conditions

EHCP Yes No Safeguarding

CLA (LAC) Yes No Nationality

Ethnic/cultural origin (please circle):

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

Full Home Address:

<input type="text"/>	Home Phone 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"/>	Tutor/Head of Year/Progress Coach email address: <input type="text"/>
Address: <input type="text"/>	
<input type="text"/>	School/College dates attended:
<input type="text"/>	From: <input type="text"/> To: <input type="text"/>
Postcode: <input type="text"/>	Did/Do you receive Free School Meals? Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact Details:

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"/>

