



# application form

For entry in September 2019

Miscellaneous	Stamp
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## Personal Details – please complete every section of the application form below in BLOCK CAPITALS

Surname of applicant: \_\_\_\_\_

Forenames: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age on 01/09/2019: \_\_\_\_\_ Female  Male  (Please tick)

Home tel: \_\_\_\_\_ Student mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of normal residence: \_\_\_\_\_ Nationality: \_\_\_\_\_

Have you been resident in the UK / EU for the past 3 years? \_\_\_\_\_ If no, date of entry to the UK: \_\_\_\_\_

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

## Details of Parents or Guardians

Father's or Guardian's title: \_\_\_\_\_ Name: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_  
Postcode: \_\_\_\_\_

Home tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
email: \_\_\_\_\_

Mother's or Guardian's title: \_\_\_\_\_ Name: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_  
Postcode: \_\_\_\_\_

Home tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent or Guardian email: \_\_\_\_\_

Admission number

Reference received

Offer type

Offer date  Acceptance date

## I would like correspondence relating to my progress to be sent to (please tick box as appropriate)

Mother or Guardian  Father or Guardian  Both

## Present or most recent school

Present / previous school / college name: \_\_\_\_\_

Town / City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Start date at current / last school / college: \_\_\_\_\_ Date finished / finishing school / college: \_\_\_\_\_

If already left school / college give brief details of current situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## List of Qualifications

Type of course – GCSE, AS, BTEC etc	Subject / course currently studying / or have previously studied	Predicted grade	Grade (if known)	Month / year taken
	English Language			
	Maths			

## Subjects requested to study at College – list up to 4 in order of preference

1.	2.
3.	4.

### Additional Learning Support Needs

Do you have any support needs/disabilities/learning difficulties? (please tick) Yes  No

If yes, please give details: \_\_\_\_\_

Do you have an Education Health Care Plan (EHCP) or Statement? Yes  No

### Career plans, other interests and experience?

Career / University aims: \_\_\_\_\_

Work experience: \_\_\_\_\_

Other exams / achievements / interests – e.g. sport, music, dance, Duke of Edinburgh, hobbies: \_\_\_\_\_

Which subjects do you like the most?	Which subjects are you best at?	Do you prefer coursework / exams / both?

### Applications to other colleges

Are you applying for a place at another college, school, training or full-time employment? If yes please state which: \_\_\_\_\_

#### Disability / Learning difficulty:

The College is committed to meeting the needs of people who are disabled or who have learning difficulties. Specialist staff and facilities are available for all students to ensure that individual needs are catered for. Individual requirements can be discussed at interview, however if you would like to discuss these earlier, please do not hesitate to contact the Admissions Office.

#### Student declaration:

Coulsdon College and the Education Funding Agency (EFA) are registered under the Data Protection Act 1998. The information you provide on this form will be passed to the EFA to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). Both Coulsdon College and the EFA will collect and share the information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will enable both Coulsdon College and the EFA and its partners to monitor performance, improve quality and plan future provision. I agree to the processing and use of such data for any purpose connected with my studies or my health and safety or for any other legitimate reason. I have read and understood the conditions set out by the Data Protection Act Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian / Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: The Admissions Office, Coulsdon Sixth Form College, Placehouse Lane, Old Coulsdon CR5 1YA  
Tel: 01737 551176 www.coulsdon.ac.uk email: admissions@coulsdon.ac.uk

### For office use only:

Interview notes and specific educational requirements	Learning support required? <input type="checkbox"/>	School report seen? <input type="checkbox"/>	Careers advice given? <input type="checkbox"/>
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Unconditional offer:	Conditional offer:	Interviewer's initials:	Date:
Subjects:	1	2	3
			4
			5

Please return completed applications to the Admissions Office, Coulsdon Sixth Form College, Placehouse Lane, Old Coulsdon, Surrey CR5 1YA