



## STUDENT APPLICATION FORM 2018-19

Please complete this form. Please note **ALL** fields must be completed. If you require this form in an alternative format please contact the Pre 16 and Schools Team on 0115 884 2103

### STUDENTS PLEASE FILL OUT EVERYTHING IN THE BLUE SECTION

#### PERSONAL DETAILS

Name:

Date of birth:

Gender:

Name of current school:

Home Address:

  

Postcode:

Phone/Mobile number:

Parent/Carer name:

Parent/Carer contact number:

#### Please tick ONE course you are interested in attending:

Animal Science	<input type="checkbox"/>	Hair	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Art & Design	<input type="checkbox"/>	Hospitality & Catering	<input type="checkbox"/>	Science	<input type="checkbox"/>
Beauty	<input type="checkbox"/>	ICT	<input type="checkbox"/>	SLDD Provision	<input type="checkbox"/>
Business	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Sport	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Music	<input type="checkbox"/>	Travel & Tourism	<input type="checkbox"/>
Early Years	<input type="checkbox"/>	Performing Arts	<input type="checkbox"/>	Other	<input type="checkbox"/>
Engineering	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please state if there is any other course you would be interested in studying at College:

Please tell us about the career(s) you might be interested in working towards:

## DATA PROTECTION ACT 1998

The information you give will be shared with partner organisations. These include the course provider, EBF, Futures, the Qualification Awarding Organisation and LA's for Nottingham and Nottinghamshire. If you do not wish your information to be shared in this way please contact the Pre-16 and Schools Team 0115 884 2103

Student's Signature:

Student's Name:

Date:

PLEASE PASS THIS FORM TO YOUR SCHOOL SO  
THEY CAN SUPPORT YOUR APPLICATION.

## SCHOOLS PLEASE FILL OUT EVERYTHING IN THIS PINK SECTION TO SUPPORT THE STUDENT APPLICATION PROCESS

### DETAILS

School contact or 14-16 co-ordinator:

Email Address:

Direct Line:  Mobile Number:

Attendance Officer:

Email Address:

Direct Line:  Mobile Number:

In September 2018 the student will be in Year:

### BEHAVIOUR CONCERNS

Are there any issues that the college needs to be aware of about this student with regards to attitude towards:

Completion of work	YES	NO	Staff interaction	YES	NO
Interaction with peers	YES	NO	Behaviour concerns	YES	NO
Criminal Convictions	YES	NO			

If yes to any of the above, please provide additional information with this application.  
\*Please note this additional information is required to proceed with the application.

## LEARNER DETAILS

Attendance:  %

<b>Current grade in:</b>	English		Maths		Science	
<b>Target grade in:</b>	English		Maths		Science	

Please state reasons school is supporting this application:

### Please tick all that apply to this student:

Looked after child	<input type="checkbox"/>	Reader / Scribe	<input type="checkbox"/>
Young offender or known to YOT	<input type="checkbox"/>	Medical conditions and/or allergies	<input type="checkbox"/>
SEND	<input type="checkbox"/>	Regular medication	<input type="checkbox"/>
Free school meals	<input type="checkbox"/>	Support requirements	<input type="checkbox"/>
Exam access arrangements	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>
Mental health difficulties	<input type="checkbox"/>	Behaviour difficulties	<input type="checkbox"/>
Safeguarding concerns	<input type="checkbox"/>		<input type="checkbox"/>

If you have ticked any of the above please provide further information below:

Please enclose a copy of last year's school report. Applications without this will not be accepted.

School's Signature:

Name:

Date:

**Please tick supporting documents attached:**

School report	<input type="checkbox"/>	Additional info re: behaviour/safeguarding concerns	<input type="checkbox"/>
EHCP	<input type="checkbox"/>	SEN Support Plan	<input type="checkbox"/>

THE SCHOOL WILL SUPPORT THROUGH THE DURATION OF THE  
COURSE AND ACCEPTS THE COST AS OUTLINED IN THE  
PROSPECTUS AND CONTRACTUAL AGREEMENT

PLEASE RETURN ALL APPLICATIONS AND SUPPORTING  
EVIDENCE TO THE PRE 16 AND SCHOOLS TEAM:  
Nottingham College, Maid Marian Way, Nottingham, NG1 6AB

INTERNAL USE - Student ID number

Notes for Pre 16 and Schools Team: