

# Student Application Form 2021-22

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 912 5502 ext. 3511.

## STUDENTS PLEASE FILL OUT EVERYTHING IN THE BLUE SECTION

### PERSONAL DETAILS

Name:

Date of birth:

Gender:   Gender Identity:

Name of current school:

Home Address:

Postcode:

Phone/Mobile number:

### EMERGENCY CONTACT DETAILS

	1st emergency contact	2nd emergency contact
Name:	<input type="text"/>	<input type="text"/>
Relationship to student:	<input type="text"/>	<input type="text"/>
Number:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>

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

Art & Design	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>
Beauty	<input type="checkbox"/>	Performing Arts	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Early Years	<input type="checkbox"/>	Science	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	Sport	<input type="checkbox"/>
Hair	<input type="checkbox"/>	Supported Learning (SLDD)	<input type="checkbox"/>
Hospitality & Catering	<input type="checkbox"/>	Travel & Tourism	<input type="checkbox"/>
ICT	<input type="checkbox"/>	Other	<input type="checkbox"/>
Media	<input type="checkbox"/>		

## DATA PROTECTION

The information you give will be shared with partner organisations. It may be passed on to Futures, funding agencies and Local Authority Education and Social Care Departments but no other third party although information may be passed onto other departments within the College in order to support your education at Nottingham College.

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 2021 the student will be in Year:

### BEHAVIOUR CONCERNS

Are there any issues that the provider 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"/>

\* please provide name and contact details of student's YOT worker

If you have any 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 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:**

High Pavement Campus, Nottingham College, Chaucer Street, Nottingham, NG1 5LP  
or email the form to [Pre-16@nottinghamcollege.ac.uk](mailto:Pre-16@nottinghamcollege.ac.uk)

INTERNAL USE - Student ID number

Notes for Pre 16 and Schools Team: