

Student Application Form 2024/25

Please complete this form. Please note ALL fields must be completed. If you require this form in an alternative format please email the 14-16 and Schools Team at 14-16@nottinghamcollege.ac.uk.

STUDENTS PLEASE FILL OUT EVERYTHING IN THE BLUE SECTION

PERSONAL DETAILS

Name:	<input type="text"/>		
Date of birth:	<input type="text" value="Day"/>	<input type="text" value="Month"/>	<input type="text" value="Year"/>
Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>	Gender Identity: <input type="text"/>
Name of current school:	<input type="text"/>		
Home Address:	<input type="text"/>		
	Postcode: <input type="text"/>		
Phone/Mobile Number:	<input type="text"/>		

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 and Social Care Departments but no other third party although information may be passed other departments within the College in order to support your education at Nottingham College.

Student's Signature:

Student's Name:

Date:

Day

Month

Year

PLEASE PASS THIS FORM TO YOUR SCHOOL SO THEY CAN SUPPORT YOUR ACTION

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

DETAILS

School Contact (Name):

Email Address:

Direct Line:

Mobile Number:

Attendance Officer:

Email Address:

Direct Line:

Mobile Number:

In September 2024 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	Y	N
Interaction with peers	Y	N
Criminal Convictions	Y	N
Staff interaction	Y	N
Behaviour concerns	Y	N

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: %

Current grade in:	English		Maths		Science	
Target grade in:	English		Maths		Science	

Please state reasons school is supporting this application:

Please tick all that apply to this student:

Looked after child		Reader/Scribe	
Young offender or known to YOT*		Medical conditions and/or allergies	
SEND		Regular medications	
Free school meals		Support requirements	
Exam access arrangements		Learning difficulties	
Mental health difficulties		Behaviour difficulties	

* please provide name and contact details of student 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 Signature:

Name:

Date:

Day

Month

Year

Please tick support 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 14-16 AND SCHOOLS TEAM:**

High Pavement Campus, Nottingham College, Chaucer Street, Nottingham, NG1 5LP
or email the form to 14-16@nottinghamcollege.ac.uk

INTERNAL USE - Student ID number:

Notes for 14-16 and Schools Team: