

# Student 2017-18 Application Form

For Office Use Only

	By	Date
Received		
Interview		
Input		
Programmed		

Personal Details	
Title (please circle)	Ms Mrs Miss Mr Other
Family Name	
Given Name(s)	
Preferred Name(s)	
Mobile	
Email	
Date of Birth	
Age on 1st September 2017	
Gender (please circle)	MALE / FEMALE

Living Arrangements	
Do you live at the parental home? (please circle)	YES NO
Address	
Town	
County	Postcode
Home Telephone	

You must inform the college if your personal information changes

Emergency Contacts
Should an emergency occur at college, it may be necessary to contact someone urgently. Please supply some emergency contacts (e.g. parent's / relative's work telephone number).

Parent's / Guardian's Name (Please circle as appropriate)	
Mr / Mrs / Ms / Miss	Family Name
Relationship to Student	
Address (if different from above)	
Postcode (if different from above)	
Mobile	
Home Telephone (if different from above)	
Email	

Second Emergency Contact (Please circle as appropriate)	
Mr / Mrs / Ms / Miss	Family Name
Relationship to Student	
Address (if different from above)	
Postcode (if different from above)	
Mobile	
Home Telephone (if different from above)	
Email	

Name of Present or Last School / College with Leaving Date	
School Name	
Address	
Date of Leaving	

Student ID	
------------	--

Unique Learner Number	
-----------------------	--

National Insurance Number	
---------------------------	--

Ignore if not known

Learning Difficulty/ Disability/ Health Information (please tick)		
Do you consider yourself to have a learning difficulty or disability?	YES	NO
<input type="checkbox"/> 4 Visual impairment		<input type="checkbox"/> 15 Asperger's syndrome
<input type="checkbox"/> 5 Hearing impairment		<input type="checkbox"/> 16 Temporary disability after illness or accident
<input type="checkbox"/> 6 Disability affecting mobility		<input type="checkbox"/> 17 Speech Language and communication needs
<input type="checkbox"/> 7 Profound complex disabilities		<input type="checkbox"/> 93 Other physical disability
<input type="checkbox"/> 8 Social and emotional difficulties		<input type="checkbox"/> 94 Other specific learning difficulty
<input type="checkbox"/> 9 Mental health difficulty		<input type="checkbox"/> 95 Asthma, Epilepsy, Diabetes
<input type="checkbox"/> 10 Moderate learning difficulty		<input type="checkbox"/> 96 Other learning difficulty
<input type="checkbox"/> 11 Severe learning difficulty		<input type="checkbox"/> 97 Other disability
<input type="checkbox"/> 12 Dyslexia		If other please state
<input type="checkbox"/> 13 Dyscalculia		
<input type="checkbox"/> 14 Autism spectrum disorder		

Ethnicity (please tick)	
White	
<input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/ British	<input type="checkbox"/> 33 Gypsy or Irish Traveller
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 34 Any Other White Background
Mixed/Multiple Ethnic Groups	
<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 37 White and Asian
<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 38 Any Other Mixed/Multiple Ethnic Background
Asian/Asian British	
<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 42 Chinese
<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 43 Any other Asian Background
<input type="checkbox"/> 41 Bangladeshi	
Black/African/Caribbean/Black British	
<input type="checkbox"/> 44 African	<input type="checkbox"/> 46 Any Other Black/African/Caribbean Background
<input type="checkbox"/> 45 Caribbean	
Any Other Ethnic Group	
<input type="checkbox"/> 47 Arab	<input type="checkbox"/> 98 Any Other Ethnic Group

**Eligibility for Funding (Fee Remission)**

Have you been a resident in the UK/EU for the past three years? (please circle) i.e. since August 2014	YES	NO
If you have answered NO to the above question we will discuss this with you in your advisory interview.	Date of Entry to UK	
Is English your second language? (please tick)	<input type="checkbox"/>	

**Examinations Taken or to be Taken**

Examinations Subjects(s)	Level eg. GCSE, BTEC	Month/Year Taken, To Be Taken	Mock/ Forecast Result	Actual Result Where Known
English Language				
English Literature				
Mathematics				

**Why do you want to come to College?**

**List below your Interests and Activities**

**Careers which Interest You**

**Please list any relevant Work Experience**

**Current Part-Time or Full-Time Employment**

Employer	Job Description	Dates

**Please list the Examination Courses (subjects and levels) you are interested in taking at College (to be discussed at advisory interview)**

1		4	
2		5	
3		6	

**Where did you hear about the college?**

I understand that if I accept the offer of a place at Bexhill College, the details will be shared with the Local Authority, funding bodies and my present School for the purposes of monitoring post 16 offers.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_

**APPLICANTS UNDER THE AGE OF 19**

For Parents/Guardians:  
 I have discussed this application with my son/daughter and I support his / her wish to continue with full-time education.

Parents / Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_

**FOR SCHOOL USE ONLY**

(Please circle one of the following numbers for each category)

	Low					High				
Behaviour and Co-operation	1	2	3	4	5					
Commitment to Study	1	2	3	4	5					

**How to apply**

- Send the form to Admissions at Bexhill College or apply on-line at [www.bexhillcollege.ac.uk/apply](http://www.bexhillcollege.ac.uk/apply)  
 We will write to you inviting you to an interview at the College.
- The information given in the College Prospectus is correct at the time of issue but modifications may prove necessary as a result of changes in the availability of staff.

**Bexhill College**

Penland Road  
 Bexhill on Sea  
 East Sussex  
 TN40 2JG  
 Tel: (01424) 214545  
 Fax: (01424) 215050

[www.bexhillcollege.ac.uk](http://www.bexhillcollege.ac.uk)



Bexhill 6th Form College