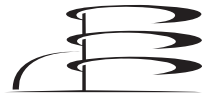


Student 2018-2019

APPLICATION FORM

For Office Use Only

	By	Date
Received		
Interview		
Input		
Programmed		



Bexhill 6th Form College

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 2018	
Gender (please circle)	MALE / FEMALE

Student ID

Unique Learner Number

National Insurance Number

Ignore if not known

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	

Learning Difficulty/ Disability/ Health Information (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)

EXAMINATIONS TAKEN OR TO BE TAKEN

Examinations Subjects(s)	Level e.g. 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

1		4	
2		5	
3		6	

(to be discussed at advisory interview)

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

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES NO

If 'Yes', please provide details.

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
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

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Bexhill on Sea
East Sussex
TN40 2JG

Tel: (01424) 214545
Fax: (01424) 215050