

OFFICE USE ONLYDate Received Student No **PLEASE COMPLETE THIS FORM IN BLACK PEN & BLOCK CAPITALS**Surname Forename(s)

(as shown on birth certificate)

Known as Official change of name? Yes No
(if yes, please attach certificate) Male Female OtherDate of Birth Current school year Address Postcode Home Tel No Student Mobile Student Email Country of birth Nationality Previous Schools (if applicable) Date Left

(If withdrawn within the past 12 months evidence of this is required e.g. email/letter communication with school)

COURSE TITLE OR SUBJECTS APPLYING FOR: (Maximum of 3 GCSEs or the equivalent)**EMERGENCY CONTACT 1: PARENT / CARER DETAILS**Surname Forename(s) Address (if different to above) Relationship Contact telephone number Email **EMERGENCY CONTACT 2: PARENT / CARER DETAILS**Surname Forename(s) Address (if different to above) Relationship Contact telephone number Email **FOR APPLICANTS NOT BORN IN THE UNITED KINGDOM PLEASE COMPLETE:**Country of birth Country of domicile Nationality Passport No Date of Expiry Date of last entry to UK I have provided a copy of my birth certificate/passport

EQUAL OPPORTUNITIES MONITORING

The College/Training Provider is committed to a policy of providing equal opportunities for all. We ask you to help us in operating this policy by completing the information below. Any information will be treated in the strictest confidence. Please tick the box for the ethnic group to which you consider you belong.

WHITE

- English/Welsh/Scottish/Northern Irish/British ³¹
- Irish ³²
- Gypsy or Irish Traveller ³³
- Any other white background ³⁴

MIXED/MULTIPLE ETHNIC GROUP

- White & Black Caribbean ³⁵
- White & Black African ³⁶
- White & Asian ³⁷
- Any other mixed/multiple ethnic background ³⁸

ASIAN / ASIAN BRITISH

- Indian ³⁹
- Pakistani ⁴⁰
- Bangladeshi ⁴¹
- Chinese ⁴²
- Any other Asian background ⁴³

BLACK/AFRICAN/ CARIBBEAN/ BLACK BRITISH

- African ⁴⁴
- Caribbean ⁴⁵
- Any other Black /African/ Caribbean background ⁴⁶

OTHER ETHNIC GROUP

- Arab ⁴⁷
- Any other ethnic group ⁹⁸
- Not Provided ⁹⁹

If any of the following apply, please tick the box. (This information is confidential and will only be shared with appropriate staff)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Temporary disability after accident or illness | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Emotional / Behavioural difficulties | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> ADHD | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> ASD | <input type="checkbox"/> Young Person at risk |
| <input type="checkbox"/> Severe learning difficulties | <input type="checkbox"/> Being cared for outside the family home | <input type="checkbox"/> Selective mute |
| <input type="checkbox"/> Young Carer | <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Attachment |

(Please provide evidence of any diagnosis/medical conditions)

Educational Plans (Please Tick)

- | | | |
|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Early Help Record | <input type="checkbox"/> EHCP |
|-------------------------------|--|-------------------------------|

(Please attach relevant documents)

Does the student have a medical condition that may affect their learning? Yes No

If yes, please state:

Is the student on long term medication? Yes No

If yes, please state:

Outside agencies involved? UTURN/CAMHS/TAMHS/YEW/YOT/Social Worker/Other Yes No

If yes, please state:

Exam arrangements Reader Scribe Extra Time

Please attach any letters or reports with any evidence of any diagnosis (health or learning need). Please also attach details of any exam arrangements and a copy of the young person's Form 8 if they have been in school during Year 9 /10

Is your child eligible for free school meals? Yes No

If yes, please provide evidence (this may include a letter of entitlement, evidence of income/benefits)

List of benefits/eligible:

- Income Support
- Income-based Job Seekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit
- Child Tax Credit (provided you are not entitled to Working Tax Credit and your household annual income is less than £16,190)
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Universal Credit (provided your household annual income is less than £7,400 after tax and not including any benefits you get)

PERSONAL STATEMENT

To be completed by the young person. Please include your interests, hobbies, career aspirations, reasons for course choices and why you would like to come to New College (in your own handwriting)

I agree that the information provided with this application be used to ensure support is provided for me where appropriate and understand that it may be shared with other organisations for the purpose of administration, careers and other guidance, and statistical research.

Signature of young person

Date

PARENTAL CONSENT - To Be Completed by Parent(s)/Carer(s)

Do you support this application? Yes No

Has the College option been explained to you and please state your reasons for choosing this?

Where did you hear about us?

Internet Search

School

Word of mouth

Website

EHE parent/carer

Other

Because it is possible that during the course, your young person will spend some time at an external provider i.e. training provider or an employer base, agreement is needed after you have read the following important information.

1. There will not be the same level of supervision at break and lunchtimes as at school. Students are requested not to leave the site during breaks, however this cannot be monitored due to an open plan campus.
2. Your child will be studying with older students and mixing with them in refectories/canteens and other shared facilities. Please be aware that some lesson content and available resources (i.e. books) may be aimed at FE students.
3. Short, supervised, walkable educational visits may take place during timetabled sessions for which we will not seek your specific permission. Further visits may be planned for which a specific request will be made. While on visits and trips, we may need to follow the advice of a medical professional and administer pain/flu relief medication. Please let us know if your child is allergic to any medication.
4. The information you provide will be used to ensure support is provided where appropriate and may be shared with other organisations for the purposes of administration, careers and other guidance and statistical and research purposes.
5. During your child's placement, photographs and/or video recordings may be taken of classroom activities and used for educational non commercial purposes or for the provider's publicity.
6. Your child's achievements may be published.

I accept all six of the above statements Yes No

If no, tick the statement for which you do not give consent: 1 2 3 4 5 6

Signature of Parent(s)/Carer(s)

Date

I do not wish my information to be shared with the Educational Welfare Officer (GDPR)