

Date Received by Pre 16

Student No

PLEASE COMPLETE THIS FORM IN BLACK PEN & BLOCK CAPITALSSurname Forename(s)
(as shown on birth certificate)Known as Official change of name? ☐ Yes ☐ No
(if yes, please attach certificate)☐ Male ☐ Female ☐ Other

Date 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(If withdrawn within the past 12 months evidence of this is required e.g. email/letter communication with school)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 DETAILSSurname 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☐ I have provided evidence of date de-registered from school

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)

- ☐ None ☐ Early Help Record ☐ 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

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/carers

☐ 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.
7. We are unable to offer financial support for transport.
8. We are unable to offer free school meals.

I accept all eight 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)