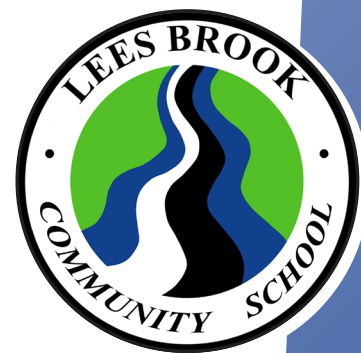


Application Form - The Skills Academy

- You must complete this application form if you are applying to come to The Skills Academy.
- If you need help to complete the form ask your Connexions Adviser or a Teacher.
- When you complete the form please post it to The Skills Academy (address on page 19 of this guide).
- You are advised to apply early as places can fill up quickly on some courses.
- Please complete the form using a black pen. Only submit one form.



Personal Details (All sections must be completed)

From the following, please tick the one that applies:	Mr	Mrs	Miss	Ms	Gender:	Male	Female	Date of Birth	
First name					Family name				
Full postal address									
Email							Post Code		
Home telephone no					Mobile no				
Full name of parent/carer									
If you were born outside the UK, on what date did you arrive here?									
What is the name of the school you are attend now or last attended?									

Please tick the ethnic group you belong to:

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other Black | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> White Irish | <input type="checkbox"/> Other Mixed | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Other | <input type="checkbox"/> African | <input type="checkbox"/> Other White | <input type="checkbox"/> White British |

Do you have a relevant criminal conviction:

(To find out which criminal convictions are relevant contact us on 01332 676479)

- Yes No

Do you have a careers action plan? (If yes please bring this with you if you are asked to attend an interview)

- Yes No

It is important that you tell us about any extra help you might need at the The Skills Academy to help you do your course. Please tick any boxes below that apply to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Autistic Spectrum Disorder |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Emotional Difficulties | <input type="checkbox"/> Other Medical Condition |
| <input type="checkbox"/> Disability Affecting Mobility | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other Learning Difficulty |

Proposed Course

Please indicate below up to three courses you wish to apply for. Please list these in order of preference:

1.
2.
3.

Exams and Qualifications

- List any exams that you will take later this year with your predicted grades.

- List below any exams you have already taken with the grade you achieved and the date you took the exam.

Title and Subject e.g. GCSE English	Predicted Grade	Actual Grade	Date of Exam

Additional Information

Please tell us about yourself, include information about your interests, personal achievements and any work experience you have undertaken at school or during holidays or weekends.

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Declaration

I believe the information I have given on this application form is correct to the best of my knowledge.

Signature:

Date:

Data Protection Statement

All details on this form are subject to the Data Protection Act 1988. Information on this form will be held on computer and may be used for statistical purposes. The details you have provided us with will not be made available to anyone else without your permission. You have the right to check personal data held by The Skills Academy and to ensure that it is accurate and up to date.