

Application Form 2013

Personal Details

Surname	First Name	Middle Name
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Address to which correspondence should be sent to:

Postcode

Contact Numbers

Home

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Email

Additional Needs/Extra Support

The College values all students and acknowledges differences and will support all learners. Therefore please answer the following questions

Do you have any specific health/medical conditions that we need to know about? (to be discussed at interview)

Yes ☐ No ☐

Do you need support or is your condition self-managed? Self-managed Supported

Do you have additional learning need which will require extra support? (eg. Dyslexia)


Yes ☐ No ☐

Have you been identified/ supported by your school for a particular need?	Yes	No

How would you describe your ethnic origin or personal identity?
(Please tick one.)

Asian or Asian British		Black or Black British	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black African
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any other black background
<input type="checkbox"/>	Other Asian background		

Chinese

 Chinese

White

<input type="checkbox"/>	White British
<input type="checkbox"/>	White Irish
<input type="checkbox"/>	Other white background

Black or Black British

☐ Black African

☐ Black Caribbean

☐ Any other black background

Mixed Ethnic Origin

<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Any other mixed background

Other Ethnic Groups

School or College Details

School/College

Name of Tutor supplying report/reference

[illegible]

Date from:

Date to:

Examination Details				Examination Details			
Subject	Type of Qualification; e.g. GCSE / A LEVELS / BTEC:	Year of Exam or completed:	Predicted or achieved grades:	Subject	Type of Qualification; e.g. GCSE / A LEVELS / BTEC:	Year of Exam or completed:	Predicted or achieved grades:

Personal Statement: We would like to know more about you; why you would like to do this course and about your plans for the future. Therefore in your own handwriting, please provide further relevant information, including voluntary work, hobbies, interests, sports activities etc.

Please complete on a separate sheet and attach to this form.

Publicity Material - How did you find out about the college?							
Already at Toot Hill School	<input type="checkbox"/>	Newspaper/Advertisement	<input type="checkbox"/>	School Advisor/Tutor	<input type="checkbox"/>	Careers Office/ Connexions	<input type="checkbox"/>
Local Radio	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Website	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

Equality		
Toot Hill College positively welcomes students from all communities. Our equality and diversity policy is designed to ensure everyone is treated with respect, irrespective of race, gender, disability, sexual orientation or social class.		
Signature of applicant:	Please print Name:	Date:
<div></div>	<div></div>	<div></div>

Provisional Subject Choices	
Level 3 (equivalent to 1 GCE A Level)	Level 3 BTEC Diploma (equivalent to 2 GCE A Levels)
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	Level 3 BTEC Subsidiary Diploma (equivalent to 1 GCE A Level)
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For college use: