

PARTNER SCHOOL APPLICATION FORM 2017-18

Please ensure that both sides of this form are completed and that you sign overleaf. Use **BLOCK CAPITALS**

PERSONAL DETAILS

Title:	First Name:	Father/Guardian Name:
Surname:		Address : (if different from student)
Home Tel Number:		Mobile Tel Number:
Personal Mobile Tel Number:		Email Address:
Student's Personal Email Address:		
Address:		Mother/Guardian Name:
		Address : (if different from student)
Postcode:		Mobile Tel Number:
Are you currently or have you recently lived in foster care or care?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:
Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	I would like correspondence relating to my progress to be sent to:
Date of Birth:	Age on 31/08/17:	<input type="checkbox"/> Both <input type="checkbox"/> Mother/Legal Guardian <input type="checkbox"/> Father/Legal Guardian

EDUCATION

Name of present or last school or college?		
Dates of attendance (state Month and Year): From: ___/___ To: ___/___		
Subject and Level (BTEC/GCSE/AS/A Level or other qualification) of exams taken/to be taken	Grade Passed / Predicted	Year of examination
GCSE Maths		
GCSE English Language		

COLLEGE CHOICE I would like to apply to (please tick as appropriate):

East Surrey College <input type="checkbox"/>	Reigate College <input type="checkbox"/>	Both <input type="checkbox"/>
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Subjects/Levels requested for study at East Surrey College. List up to 2 in order of preference including Apprenticeships or Traineeships:

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Subjects requested for study at Reigate College. List up to 4 in order of preference:

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What are your career aims? (if known):
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Please list any work/voluntary experience:
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Other exams/achievements/interests (eg sport, music, dance, Duke of Edinburgh, hobbies):
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RESIDENCY DETAILS

Have you lived in the UK or the European Economic Area (EEA) for the last 3 years? Yes No

If 'No' please state which country you lived in previously:

Have you come to this country with the purpose of taking full-time education? Yes No

Date of entry into UK:

___ / ___ / ___

ETHNICITY DETAILS

Please tick one box which best describes your ethnic origin: (The College requires this information to monitor Applications with regard to its Equal Opportunities Policy)

White

- English/Welsh/Scottish/Northern Irish/British
 Irish

- Gypsy or Irish Traveller
 Any Other White Background

Mixed/Multiple Ethnic Group

- White and Black Caribbean
 White and Black African
 White and Asian
 Any Other Mixed/Multiple Ethnic Background

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any Other Asian Background

Black/African/Caribbean/Black British

- African
 Caribbean
 Any Other Black/African/Caribbean Background

Other Ethnic Group

- Arab
 Any Other Ethnic Group

DISABILITIES, MEDICAL CONDITIONS & LEARNING SUPPORT DETAILS

Do you think you have a learning difficulty and need support with your learning? Yes No

If 'Yes' please tick below which applies to you:

- Mild/Moderate Learning Difficulty (10) Autism Spectrum Disorder (14) Other Specific Learning Difficulty (94) (please state): _____
 Severe Learning Difficulty (11) Speech, Language & Communication Needs (17)
 Dyslexia (12)
 Dyscalculia (13)

Do you have an Education Health Care Plan (EHCP)? Yes No

Do you think you have a disability or medical condition? Yes No Prefer not to say (98)

If 'Yes' please tick below which applies to you:

- Visual Impairment (04) Diabetes (95) Temporary Disability After Illness or Accident (16) Please specify the severity of your condition or state the main condition if you have ticked more than one box: _____
 Hearing Impairment (05) Epilepsy (95) Profound Complex Disabilities (07)
 Disability Affecting Mobility (06) Social and Emotional Difficulties (08) Aspergers Syndrome (15)
 Wheelchair User (06) ADD/ADHD (95) Other (97) (please state): _____
 Other Physical Disability (93) Mental Health Difficulty (09)

Do you think you require support or adaptations in College? Yes No

Please specify any prescribed medication you are taking: _____

Please list any allergies relevant to your proposed course: _____

FOR ALL APPLICANTS

PLEASE RETURN THIS FORM DIRECTLY TO YOUR FORM TUTOR AT SCHOOL

Reigate College and East Surrey College are registered under the Data Protection Act 1998. The information you provide on this form, together with any information provided by your school as part of the application process, including but not limited to information provided in a reference ("Information"), will be shared by your school with either (i) both Reigate College and East Surrey College, where you have indicated you would like to apply to both, or (ii) with the applicable college that you have indicated above as your college choice, where you have opted to apply to one college only ("College Choices"). Your College Choices may share Information with other statutory organisations for the legal purpose of administration, careers and other guidance, statistical, funding, destination and research purposes. This will enable your College Choices and its partners to monitor performance, improve quality and plan future provision. By signing this form the student and the student's parent or guardian agrees (i) to the Information being shared with the College Choices and third parties as set out above, (ii) to the processing and use of Information for any purpose connected with the student's application, studies, health and safety or for any other legitimate reason permitted by law; and (iii) to the best of their knowledge the information they have given is a true and correct record, and that they consent to their College Choices processing this information in accordance with the Data Protection Act 1998.

Signature of Applicant:

Date:

Signature of Parent/Guardian (if under 18):

Date:

OFFICE USE ONLY

Interview notes:	School report seen?	Careers advice given?				
Subjects:	1.	2.	3.	4.	5.	Entered:
Unconditional offer:	Probationary offer:		Interviewer:	Date:		
EBS Number:	Date Received:					

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