

Application form



Expanding opportunities
Enhancing futures

Application for admission to full time courses 2016-17

Personal details

Surname

First name(s)

Address

Postcode

Gender

Date of birth

Home
Telephone

Mobile
Number

Email

Current school/college

Have you lived in the UK for the last three years?
If no, please provide evidence of your residency status

Yes

No

Name of parent(s) / guardian(s)

Address (if different from above)

Postcode

Courses applied for

Subject

Level

Subject

Level

Ethnicity

What is your ethnic background? Please tick:

- | | |
|--|---|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Any other mixed/multiple ethnic background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Any other Black/African/Caribbean background | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other ethnic group* |

*Any other ethnic group

Do you currently receive free school meals? Yes No

Do you have a learning difficulty or disability which you wish to draw to our attention? Yes No

If yes, please give details:

Do you receive any additional support or special arrangements in school (e.g. extra time in exams)? Yes No

If yes, please give details:

Data Protection Act

Data Protection Act 1998: The college collects information about all of its students for various administrative, academic and health and safety reasons. Under the terms of the Data Protection Act 1998 we need your consent to do this. Since we cannot operate the college effectively without processing information about you, we need you to sign the following consent to process statement. If you require any further information about this, please contact the Assistant Principal, Resources.

Consent to Process Information: I agree to Prior Pursglove College processing personal data contained in this form, or other data which the college may obtain from me or other people or organisations. I agree to the processing of such data connected with my studies or my health and safety whilst on the premises or for any other legitimate reason.

Signed

Date

Please tear off this completed application form and return to:
Prior Pursglove College, Church Walk, Guisborough TS14 6BU

For office use only

Signed

Entered on CIS