## SHIPLEY COLLEGE APPLICATION FORM FULL-TIME COURSES/APPRENTICESHIPS



Which course are you applying for?

1st choice	2nd choice					
Title (please circle) Mr Miss Other :	I am interested in :					
	Full-time courses Apprenticeships or Traineeships					
Full name	Last school/college attended					
Address	From					
Postcode	What are you expecting to achieve for your GCSEs?					
Home Tel	At least 4 grade 4s at GCSE including Maths and English (LEVEL 3 COURSE)					
Mobile Tel	Grade 3 in GCSE Maths and English (LEVEL 2 COURSE)					
Date of birth Age	Grade 2 in GCSE Maths and English (LEVEL 1 COURSE)					
Gender	Grade 1 in GCSE Maths and English (ENTRY LEVEL 2/ENTRY LEVEL 3)					
Email	No GCSEs					
Have you lived in the UK for the last 3 years? (Yes/No)	(ENTRY LEVEL 2/ENTRY LEVEL 3)  Any further information regarding GCSEs/other qualifications:					
If no, where did you live before?	,					
What future career choices have you considered with your teacher, careers advisor or family?						
	Please tell us about any work experience you have done (including weekend job or voluntary work etc).					
Emergency Contact Details						
Name						
Relationship to you						
Home Tel						
Mobile Tel						

Shipley College wants to help all learners reach their full potential.  Sharing any support you have previously had, relating to a particular				Do you have an Educational, Health and Care Plan (EHCP)?						
isability or learning need, will help us to support you better.			liculai	Yes No						
Have you previously received any extra help or support with a disability or learning need? Please tick -				Have you previously had any support during exams?						
Yes No				Yes	No					
SENSORY MEDICAL CONDITION				Details of any support arrangements you have had at school/college						
Visual impairment		Asthma								
Hearing impairment		Epilepsy								
PHYSICAL		Diabetes								
Wheelchair User		Profound complex		Name of contact						
Mobility impairment		Multiple disabilities		Contact Tel						
Other Mobility		Temporary impairment		Which ethnic group would you say you belong to? Please tick :						
LEARNING		Other disabilities (specify below)		Asian British Bai	ngladeshi		White British			
Dyslexia		MENTAL HEALTH		Asian British Ind	lian		White Irish			
Dyscalculia		Mental health issues		Asian British Pakistani			White Other Background			
Autistic Spectrum Disorder		Emotional or behavioural issues		Asian British Other Background			Any Other Ethnic Group			
Asperger's Syndrome		Extra details box:-		Black British Oth Background	ner		White—Gypsy or Irish Traveller			
Multiple learning difficulties				Chinese			Black British African			
Moderate learning difficulties				Dual Heritage W	/hite/Asian		Black British Caribbean			
Severe learning difficulties				Dual Heritage White/Black African			Dual Heritage White/ Caribbean			
Other learning difficulties (please specify)				Dual Heritage of	ther					
It is a specific requirement of sor	ne course	es for you to have a DBS (Disclosure a	and Barring Ser	vice) check, you will	be informed	of this at in	iterview.			
Confirmation of Application by Student  I agree to Shipley College processing my personal data contained in this form, or other data which may be obtained from me or other people, in accordance with the terms of the General Data Protection Regulation 2018 and as stated in the College's student privacy notice which can be found on the Colleges website, www.shipley.ac.uk										
l agree that Shipley College may progress of my application.	exchange	e information with my school, Connex	kions Service o	r other agencies in o	rder to check	my suitabi	lity for the programme of study and	the		
I declare that the information I h	ave provi	ided on this form is correct and I agre	ee to inform th	e College of any cha	nges to this in	nforma tion	during the application process.			
administration process. We have	orotecting a statuto lication p	g your privacy. The information collectory requirement to share details of your occess. However, if we need addition your application.	our application	with other organisa	tions e.g. loca	al authority	, previous education institutions, Co			
By providing us with your personal and sensitive data, such as health or learning needs, you are consenting to us to electronically store and use your information for the application process.										
				1	<b>i</b> 1			1		
Signed					Date					