

# BASINGSTOKE COLLEGE OF TECHNOLOGY



BASINGSTOKE  
COLLEGE OF  
TECHNOLOGY

APPLICATION FOR FULL-TIME POST 16 EDUCATION

Please complete all sections of the form

Course(s) for which you are applying

STUDENT ADMIN USE

ACK	AG	OM	OR	MG

Course Title

Code

1.				
2.				

Title: Mr / Mrs / Ms / Miss / Other: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present or previous School/College (if applicable): \_\_\_\_\_ Date of Leaving: \_\_\_\_\_

Name and address of current or last employer (if applicable): \_\_\_\_\_

Permanent home address: (please print)

Address for correspondence: (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code:

Post code:

Tel No:

Tel No:

Mob No:

Email:

Please give name of parents/guardians: \_\_\_\_\_

Email:

Emergency Contact and Telephone No:

Daytime

Mobile

Normal Country of Residence: \_\_\_\_\_

Date of entry to UK if within last three years: \_\_\_\_\_

Please state language spoken if English is not your first language: \_\_\_\_\_

Ethnic Origin -

Please tick appropriate box

English/Welsh/Scottish/ Northern Irish/British	31	Pakistani	40
Irish	32	Bangladeshi	41
Gypsy or Irish Traveller	33	Chinese	42
Any other White background	34	Any other Asian background	43
White and Black Caribbean	35	African	44
White and Black African	36	Caribbean	45
White and Asian	37	Any other Black/African/ Caribbean background	46
Any other Mixed/Multiple ethnic group	38	Arab	47
Indian	39	Any other ethnic group	98

Do you have a disability/medical condition? Yes  No

Please tick appropriate box

01 Visual Impairment	05 Learning Difficulty
02 Dyslexia	06 Mobility Difficulty
03 Hearing Impairment	08 Medical Needs (e.g Diabetes) Please state the medical condition
04 Physical Disability	

Are you prepared for the information to be forwarded to appropriate staff within the college Yes  No

If "No" would you like a confidential interview with the Additional Needs Support Tutor Yes  No

If you have any other student support needs please inform us at your interview

Do you have any unspent criminal convictions (other than minor motoring offences). Yes  No

(If you indicate that you have unspent criminal convictions your application will not be processed until you have completed a declaration of criminal convictions form which will be posted to you). The College has a statutory requirement to collect this information on behalf of DCSF and DIVS



# PERSONAL STATEMENT

Name (Please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please tell us why you have applied for your chosen course/s  
(Do you have experience in this area?)

Please tell us about yourself  
(Please include your interests, hobbies and any work experience you may have had.)

Any other relevant information  
(That we may need to know)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference (School and College Leavers Only)**

*(If you are still at school or college please return your completed application to your careers coordinator or tutor to complete the reference.)*

Student Name: \_\_\_\_\_

School/College: \_\_\_\_\_

Please comment on applicant's 'expected grades' and suitability of chosen courses:

	Poor		Good		Excellent
<b>Timekeeping</b>	1	2	3	4	5
<b>Reliability</b>	1	2	3	4	5
<b>Effort</b>	1	2	3	4	5

**Learning Support**

Does this student have any learning difficulties? **Yes**  **No**   
*(If yes please indicate nature of difficulty):*

Has this student ever received any learning support at school? **Yes**  **No**

Has this student been statemented? **Yes**  **No**   
*(If so, please include a copy of the statement with this application form)*

Should a member of the college ANST team attend the guidance interview? **Yes**  **No**

Please indicate any other circumstances which have affected, or may affect, the student:

Can you recommend the applicant at this stage? **Yes**  **No**

Have you any further comments?

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_



