

16-18 Years Application Form



Please write neatly in BLOCK CAPITALS and in black ink

Section 1 Personal Details

Family / Surname:	
First name(s)/legal name(s):	
Home address:	Title: Mr/Ms/Mrs/Miss
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
	How do you prefer to be known?
Postcode:	Date of Birth:
Are you a current Stockport College student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unique Learner Number (if known):

Mandatory Information

Tel. Home:	Mobile:
E-mail:	

Please Note: All correspondence will be sent via the email address provided above.

Section 2 Courses or Apprenticeship you wish to apply for

Courses:

If you are interested in an apprenticeship, please indicate which subject below.

Section 3 Status

What is your nationality?

Have you been living in the UK/EEA for the last 3 years? ☐ Yes ☐ No

If you are, or have been, living overseas please state your date of entry into the UK:

Section 4 Education Please name your present or former school if under 18

Name of school:	Date of leaving:
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Section 5 Tell us about your qualifications

Subject	Level (For example, GCSE/AS)	Grade or Predicted Grade	Date of Exam
GCSE English			
GCSE Maths			
GCSE Science			
Other subjects			
<input type="checkbox"/> No formal or expected qualifications			

Section 6 Contact With Parent(s), Guardians & Carers

The college will maintain contact with your parent(s), guardian or carer. Please provide their details below.

Title:	Forename:	Surname:
What relationship is this person to you?		Do you live at the same Address as this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone number:		Email Address:
<input type="checkbox"/> I do not agree to the College sharing information about my attendance, punctuality and progress with my parent(s), guardian or carer. I understand that the College may contact me to discuss other ways to support my progress.		

Section 7 Additional Support

Please indicate your learning difficulty or disability below. (You may select more than one)

<input type="checkbox"/> Asperger's syndrome	<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Other disability	<input type="checkbox"/> Profound complex disabilities
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Other learning difficulty	<input type="checkbox"/> Severe learning difficulty
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Other medical condition (for example: epilepsy, asthma, diabetes)	<input type="checkbox"/> Social and emotional difficulties
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Speech, Language and Communication Needs
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Other specific learning difficulty (for example: dyspraxia)	<input type="checkbox"/> Temporary disability after illness (for example: post-viral) or accident
<input type="checkbox"/> Mental health difficulty		<input type="checkbox"/> Visual impairment

Do you have an Educational Healthcare Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you In local authority care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had access arrangements for exams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Young or Adult carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you entitled to Free School Meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a care leaver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a member of the care community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant or in early stages of caring for a recently born child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like someone to contact you about additional support? ☐ Yes ☐ No

Equal Opportunities Monitoring - Ethnicity (Please tick which group best describes you)

White: ☐ White English/Welsh/Scottish/Northern Irish/British ☐ White Irish ☐ White Gypsy or Irish Traveller ☐ White Other

Mixed: ☐ Mixed White/Black Caribbean ☐ Mixed White/Black African ☐ Mixed White/Asian ☐ Mixed Other

Asian/Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian background

Black/Black British: ☐ African ☐ Caribbean ☐ Other Black

Other Ethnic Group: ☐ Arab ☐ Any other ☐ Prefer not to say

Section 8 Declaration

* If you are filling in this form electronically, please type your name in the "Signature" field and check the box to agree to the declaration. (No signature required)

Do you have an unspent criminal conviction or pending criminal investigations? ☐ Yes ☐ No

If yes please give the name and contact details of a person we can contact for further information.

Applicant Signature:	<input type="checkbox"/> * By selecting this box I agree to the declaration above.	Date:
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Section 9 Keeping in touch

Data Protection - How the College Uses Your Personal Information

The information you provide will be used by Trafford and Stockport College Group to process your application, provide you with information, advice and guidance, and to provide you with information about the next steps including enrolment. Full details of how your information is used and shared is available in our privacy Notice: www.trafford.ac.uk/dataprotection.

Keeping in touch

If you would like us to inform you about college events, including open days and main enrolment events as well as other relevant information such as new courses or services that we intend to provide, please confirm your preferred methods of contact. (Tick more than one if applicable).

<input type="checkbox"/> Yes please, I would like to receive communications by email
<input type="checkbox"/> Yes please, I would like to receive communications by telephone
<input type="checkbox"/> Yes please, I would like to receive communications by mobile (SMS)
<input type="checkbox"/> Yes please, I would like to receive communications by post
<input type="checkbox"/> No, I would prefer not to be contacted

Please return your completed form to this FREEPOST address. (NO STAMP NEEDED)	For general course enquiries, application enquiries or to request this form in alternative formats please call:
 FREEPOST Stock College	 0300 300 0090

Office use only	ID No:	Date Rec:	Date Ack:
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