

SECTION 4 - Career Interests (eg university, type of job etc)**SECTION 5 - Other Interests (eg hobbies, clubs, societies etc you take part in)****SECTION 6 - Applications to other colleges**Are you applying for a place at any other college, training or full-time employment? Yes No

If yes, please state which:

SECTION 7 - Support for your learningDo you have a EHCP Yes NoIs English your first language? Yes No

We wish to support you and your learning. If you have a learning need, please tick the boxes below as appropriate to tell us what it is.

Dyslexia	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Mobility Difficulties	<input type="checkbox"/>	ASD	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	Anxiety Disorders	<input type="checkbox"/>	Other Learning Need	<input type="checkbox"/>

Please use this space to give us any information regarding any further needs that you may have

SECTION 8 - Student Declaration

Data Protection Act: Information you provide on this application form will be passed to the Young People's Learning Agency, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the council to share information with other organisations for the purpose of detecting fraud. Further information about data confidentiality is available on request from St Vincent College. The College collects information about all our staff and students for various administrative, academic and health and safety reasons.

I consent to St Vincent College processing personal data contained in this form, or other data the College may obtain from other sources. I agree to the processing of such data for any purposes connected with my studies or for my health and safety whilst on the premises or for any other legitimate reason, including reporting to parents in the case of students under the age of 18 years.

Do you have a criminal record or any pending criminal cases? Yes No**Are you in local authority care?** Yes No

Student Signature:	Date:
Signature of Parent(s)/Carer(s) (if under 18):	Date:
Name of Parent(s)/Carer(s) (if under 18):	Date:

Statistical data Please fill out the following details for our records

Ethnic Origin: (please tick appropriate box)

White <input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> 32 Irish <input type="checkbox"/> 33 Gypsy or Irish Traveller <input type="checkbox"/> 34 Any other White background Mixed / Multiple ethnic group <input type="checkbox"/> 35 White and Black Caribbean <input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 37 White and Asian <input type="checkbox"/> 38 Any other Mixed / multiple ethnic background Asian / Asian British <input type="checkbox"/> 39 Indian <input type="checkbox"/> 40 Pakistani <input type="checkbox"/> 41 Bangladeshi <input type="checkbox"/> 42 Chinese <input type="checkbox"/> 43 Any other Asian background	Black / African / Caribbean / Black British <input type="checkbox"/> 44 African <input type="checkbox"/> 45 Caribbean <input type="checkbox"/> 46 Any other Black / African / Caribbean background Other ethnic group <input type="checkbox"/> 47 Arab <input type="checkbox"/> 98 Any other ethnic group <input type="checkbox"/> 99 Not known / Not provided
Nationality- please state your nationality here:	Where have you lived for the last 3 years? <input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> Other <input type="checkbox"/> please specify	If you have a non-EU Passport do you have a Visa? <input type="checkbox"/> No <input type="checkbox"/> Student visa <input type="checkbox"/> Holiday visa

FOR OFFICE USE ONLYDETAILS RECEIVED DATE RECEIVED INTERVIEW DATE DETAILS REQUESTED INTERVIEW TIME