

FOR OFFICE USE ONLY

PERSONAL ID NO:

**Bradford** College

# 14-16 APPLICATION FORM

For help completing the application form, please contact 01274 433309/431651

Address: 14-16 Office,

Bradford College,

Great Horton Road,

Bradford,

BD7 1AY

Email: [14-16provision@bradfordcollege.ac.uk](mailto:14-16provision@bradfordcollege.ac.uk)

You can also download this form from our website: [www.bradfordcollege.ac.uk](http://www.bradfordcollege.ac.uk)

## PERSONAL DETAILS

Mr/Miss:

Surname: (name as it appears on passport/birth certificate)

First Name:

Middle Name:

Date of Birth:

Home Address:

Postcode:

School Year on 1st September 2018:

Home Tel:

Mobile:

Email Address:

## EMERGENCY CONTACT DETAILS

Name:

Relationship to Student:

Telephone Number:

Alternative Telephone Number:

Name:

Relationship to Student:

Telephone Number:

Alternative Telephone Number:

## RESIDENCE

Please state your nationality:

(failure to answer this question will delay progression of your application)

Have you been a resident in the EU/UK for more than three years? (please tick) Yes  No

Please state country of birth:

(Please note: you will be asked to present your passport/birth certificate during enrolment)

## SCHOOL

School/College you are currently attending:.

If you are currently at school, do you receive free meals? (please tick) Yes  No

## COURSES/SUBJECT

Course

Full-time

Part-time

Why do you want to attend a course at Bradford College?

Do you have a disability or learning difficulty which you would like us to know about?

(please tick) Yes  No

Do you have any learning difficulties or disabilities that you would like us to know about? (please tick all that apply):

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Asperger's Syndrome                           | <input type="checkbox"/> | Mental health issues                          | <input type="checkbox"/> |
| Autistic Spectrum Disorder                    | <input type="checkbox"/> | Moderate learning difficulty                  | <input type="checkbox"/> |
| Disability affecting mobility                 | <input type="checkbox"/> | Multiple learning disabilities                | <input type="checkbox"/> |
| Dyscalculia                                   | <input type="checkbox"/> | Profound and complex disabilities (diagnosed) | <input type="checkbox"/> |
| Dyslexia                                      | <input type="checkbox"/> | Severe learning difficulty                    | <input type="checkbox"/> |
| Emotional or behavioural difficulties or ADHD | <input type="checkbox"/> | Temporary disability after illness            | <input type="checkbox"/> |
| Hearing impairment                            | <input type="checkbox"/> | Visual impairment (not corrected by glasses)  | <input type="checkbox"/> |

Other (If other - please specify)

Please provide the details of any medication that you take:

Have you had support before with exam arrangements? (please tick) Yes  No  If yes, please provide details in box below

Have you had additional support at school? (please tick) Yes  No  If yes, please provide details in box below

Do you have an Education, Health and Care Plan? (please tick) Yes  No  If yes, please provide a copy with your application

In the event of a building evacuation,

will you need help to leave because of your disability? (please tick) Yes  No

**ETHNIC ORIGIN** (please tick):

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Arab  | <input type="checkbox"/> | Black or Black British - any other background | <input type="checkbox"/> |
| Asian or Asian British Bangladeshi            | <input type="checkbox"/> | Gypsy or Irish Traveller                      | <input type="checkbox"/> |
| Asian or Asian British Chinese                | <input type="checkbox"/> | Mixed White and Asian                         | <input type="checkbox"/> |
| Asian or Asian British Indian                 | <input type="checkbox"/> | Mixed White and Black African                 | <input type="checkbox"/> |
| Asian or Asian British Pakistani              | <input type="checkbox"/> | Mixed White and Black Caribbean               | <input type="checkbox"/> |
| Asian or Asian British - any other background | <input type="checkbox"/> | Mixed - any other background                  | <input type="checkbox"/> |
| Black or Black British African                | <input type="checkbox"/> | White British                                 | <input type="checkbox"/> |
| Black or Black British Caribbean              | <input type="checkbox"/> | White Other                                   | <input type="checkbox"/> |

## CONSENT OF PARENT/CARER

Your son/daughter will be taking part in an education training programme at Bradford College. The College (and school where applicable) recognises that the Health & Safety of all students is of paramount importance and will work to ensure that the appropriate risk assessments for the activities your son or daughter will undertake will be carried out.

**Please note:** Your son or daughter will not be supervised during breaks or lunchtimes whilst in College.

I agree to allow my son/daughter to participate in the activities involved in the course he/she is undertaking and, where applicable, to the school/local authority supplying the College with information that will assist College staff in preparing for my son/daughter's learning eg assessment results Education, Health, and Care Plan, individual education plan.\*\*

Name of Parent/Carer:

Relationship of Parent/Carer to student:

Signature of Parent/Carer:

Email address of Parent/Carer:

Date:

**\*\* Please note: This consent does not apply to work experience, out of College visits and trips. Additional consent will be sought for students taking part in such activities.**

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### APPROVED BY:

Signature:

Print Name:

Confirmation from school/LA

Date: