

Tell us more about yourself

Please tell us more about yourself. Why you would like to do this course, any relevant work experience, part-time employment, hobbies or achievements.

Do you have support at school for anything?

Yes No

Please tell us if you have any disability or learning difficulties. (Please tick appropriate box/es)

- | | | |
|--|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other specific learning difficulty
(e.g. dyspraxia, dyscalculia, ADHD) | <input type="checkbox"/> Other medical condition
(e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other learning difficulty | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> None |
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Mental health difficulty | _____ |
| <input type="checkbox"/> Autistic spectrum condition | <input type="checkbox"/> Severe learning difficulty | |
| <input type="checkbox"/> Temporary disability after illness
(e.g. post-viral) or accident | <input type="checkbox"/> Other physical disability | |

Do you have an Educational Healthcare Plan?

Yes No

How did you hear about the course you are applying for?

School College Website Facebook Twitter Search engine Advertising Radio Word of mouth

Keeping in touch

For you to stay up to date with your application process or enquiry we will get in touch with you from time to time to inform you about college events including open days and other events as well as other relevant information such as new courses or services that we intend to provide.

- Yes please, I would like to receive communications by email Yes please, I would like to receive communications by mobile (SMS)
 Yes please, I would like to receive communications by telephone Yes please, I would like to receive communications by post
 No, I would prefer not to be contacted

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

White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Other White background

Mixed/Multiple Ethnic Group

- White and Black Caribbean
 White and Black African
 White and Asian
 Other Mixed/Multiple ethnic background

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background

Black/African/Caribbean/Black British

- African
 Caribbean
 Other Black/African/Caribbean background

Other Ethnic Group

- Arab
 Other ethnic group

Declaration

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:

Date:



Please return your completed form to

SIXTHFORM@DEBUTSTUDIOS.UK



For general course enquiries, application enquiries or to request this form in alternative formats please call
0161 429 6419

Office use only

ID No:

Date Rec:

Date Ack: