

# School College Partnership

## Application Form

2017-2018



For the future you want

**This form should be completed by pupils wishing to complete all or part of their compulsory education at college and should be done in consultation with their guidance teacher.**

Once complete please return to: **School College Partnership, Edinburgh College Granton Campus,  
350 West Granton Road, Edinburgh EH5 1QE**

Please complete this form in **BLOCK CAPITALS** and in **BLACK** or **BLUE INK**

### Step 1 Course Details

Course Title	Campus/Location
<input type="text"/>	<input type="text"/>

### Step 2 Personal Details

Forename (First Name):

Surname (Last Name):

Date of Birth 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

 Male  Female  Other  Prefer not to say

Scottish Candidate Number: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(All under sixteens must be pre-registered with SQA by their current school)

Permanent Home Address:

Post Code:  Telephone Number:

Email Address:  Mobile:

(Your email address and mobile number will only be used for the purpose of communication between you and College Staff)

Next of Kin/Emergency Contact Name:

Relationship to you:  Telephone Number:

School year going into (please tick)  S4  S5  S6 Other:

Name of school attending:

Contact name at school:

### Step 3 Ethnic Group

#### White

- Scottish
- English
- Welsh
- Irish
- Northern Irish
- British
- Gypsy/Traveller
- Polish

#### Mixed

- Any other white ethnic group
- Any mixed or multiple ethnic group

#### Caribbean

- Caribbean, Caribbean Scottish, Caribbean British

#### African Black, Black Scottish or Black British

- African, African Scottish or African British
- Any other black background

#### Other Ethnic Background

- Arab
- Any other background

#### Asian, Asian Scottish or Asian British

- Indian, Indian Scottish, Indian British
- Pakistani, Pakistani Scottish, Pakistani British
- Bangladeshi, Bangladeshi Scottish, Bangladeshi British
- Chinese, Chinese Scottish, Chinese British
- Any other Asian background

- Information not known
- Information refused/Prefer not to say

### Step 4 Nationality

### Step 5 Additional Support Needs/Disability

This information is collected in accordance with the code of practice issued under the Disability Discrimination Act and is not used in any selection or allocation process. This information will be used to enable us to support your pupils whilst they are at college.

Please tick as appropriate:

- No known disability
- Personal care support
- A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches
- Deaf or a serious hearing impairment
- Blind or a serious visual impairment uncorrected by glasses
- A disability impairment or medical condition that is not listed above

Any further information? \_\_\_\_\_

## Step 6 Education

List of subjects you are studying

Subject	Level	Grade	Year	Result	
				Passed	Pending
E.g. English	Nat 5		2009	✓	

## Step 7 Information in Support of your application

Please tell us why you have chosen this course, include any relevant skills and experience you may have which might help support your application.

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If you wish to add any further information, please continue on a separate sheet.

## Step 8 Declaration (all applicants)

I confirm that the information given is, to the best of my knowledge, correct and complete.  
(If you are under 16 years of age please ask a parent or legal guardian also to sign this form.)

Pupil Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (if applicant is under 16): \_\_\_\_\_

The information you have provided is protected by the Data Protection Act 1998 and will be used in accordance with our code of practice. It will be used to enable us to support your application. We may share relevant information with your school and Skills Development Scotland (SDS) to enable them to carry out their work in tracking your progression.

## Step 9 Guidance Input

To be completed by the School Guidance Staff to comment on the applicant's suitability for the chosen course and then return the form to the College at the address on the front page. Please comment on the following aspects of the pupil: Social, Behaviour, Academic and additional support needs.

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Is there anything else we need to be aware of? (e.g. health or personal issues)

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Are special assessment arrangements required?  Yes  No

If Yes, please attach PLSP

An indication of attendance: Percentage \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

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