

Application Form

About You (Please complete in black ink and CAPITALS)

Surname:	Date of Birth:
First Names:	Home Telephone No:
Address:	Mobile Phone No:
	Unique Learner Number:
Postcode:	Name of Parent/ Guardian (if you are under 18)
E-mail:	
Male Female	National Insurance No:

Education & Qualifications

Schools, Colleges, Other Providers attended (pre and post 16):		
School/College	Date from (dd/mm/yy):	Date to (dd/mm/yy):

Have you attended Derwentside College before? Yes No

Qualification (eg. GCSE)	Subject	Exam date (eg. June 2015)	Result / Predicted Grade

What course would you like to do?

Course / Apprenticeship (please select)

Have you received advice and guidance about your choice of course? Yes No

Was this from: Careers Adviser Careers Teacher Derwentside College Adviser
Other (please state) _____

Referee:

(Please give us details of one referee. This should be a person, excluding relatives, who can comment on your abilities ie. Head of Year)

Referee Name:

Organisation:

Address:

Postcode:

Telephone Number:

Email address:

Do you consider yourself to have a learning difficulty or disability?

Yes No If Yes please give brief details: _____

Did you receive support at previous school/college?

Yes No If Yes, please give brief details: _____

Are you helping to care for a family member? Yes No

Data Protection Statement

Information from this form will be stored on computer and may be used in accordance with the provisions of the Data Protection Act 1998.

Signed: _____

Date: _____

How did you hear about Derwentside College?

School Friend / Relative College Open Event College Flyer

OnePoint Adviser Internet Facebook

College Advert Please state where (ie. Advertiser / Radio etc) _____