

SIXTH FORM APPLICANT INFORMATION

Surname:		Forename:		DoB:	
Address:			Secondary School/College attended up to age 16:		
		Post Code:			
Student contact details:			Parent contact details:		
Home Phone No.			Home Phone No.		
Mobile Phone No.			Mobile Phone No.		
E-mail Address:			E-mail Address:		

QUALIFICATIONS

Subject	Level [GCSE, Btec, etc]	Predicted Grade	Actual Grade	Subject	Level [GCSE, Btec, etc]	Predicted Grade	Actual Grade
English							
Mathematics							
Science							
RE							
ICT							

ENROLMENT DETAILS

I wish to enrol at Bodmin College Sixth Form in order to study [please enter details below]:

PROPOSED CAREER AND/OR FURTHER EDUCATION INTENTIONS

Please provide some detail regarding your future intention/s with regard to career choice and/or any future plans relating to further education:

--

INTERESTS/EXPERIENCE

Please provide details regarding your personal interests and responsibilities:

WORK EXPERIENCE/PART TIME WORK

Please provide details regarding any work experience or part time employment you have undertaken:

PERSONAL DETAILS

To ensure that we are able to provide any additional support that you may require it would be helpful if you could indicate below any considerations that may affect your education:

Visual Impairment	<input type="checkbox"/>	Unseen Disability [e.g. asthma]	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Emotional/Behavioural Difficulties	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	Severe Learning Difficulties	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Other Specific Learning Difficulties	<input type="checkbox"/>

Any other issues that you wish the College to be aware of:

Tutor Reference	Good	Average	Requires Improvement
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Interviewer

Student

Name		Name	
Signature		Signature	
Date			

