



16-18 Full-Time Application Form

About You			
First Name (s)	Surname		
Name Known As	Date of Birth		
Address			
Town	Postcode		
Tel No.	Mobile No.		
Email	Current school/college		
Your ethnic origin (Please tick)			
Asian or Asian British - Bangladeshi Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - any other Asian background Black or Black British - African Black or Black British - Caribbean Black or Black British - any other Black background Chinese Have you lived in the UK. or Europe for the past three years?	Mixed - White and Asian Mixed - White and Black African Mixed - White and Black Caribbean Mixed - White and Black Caribbean Mixed - White and any other Mixed background White - British White - Irish White - any other White background Other Yes No		
Parent/Carer/Guardian Contact Information Name Email	RelationshipPhone No		
Which Course Would You Like To Study? Which College are you applying to study at? Nelson and Colne College Accrington and Rossendale College Second Choice If you wish to study A Levels, which subjects are you interested in? (Study A Levels)			
If you are uncertain about the course you have chosen and would like for (You will be given guidance on your chosen course at interview)	urther guidance please tick here.		
If you've chosen to study an Apprenticeship, please state which subje	ect area:		
Do you have a current CV? If yes, please email to apprenticeships@nelsongroup.ac.uk	Yes No No		

	Subject		Results (if known)		Target Grades	
	English Language					
	English Literature					
	Mathematics					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
	Please list other subjects here					
Support Deta	ils his section so that we can ensure the approp	priate support is in place whilst	you are at	College:		
-	oility, medical condition or learning difficulty? It		Yes	_	No	
oo you have a disal	omity, modical condition of learning difficulty : 1	r you, ploade give details.	100		140	
o vou have an Edi	ucation, Health and Care Plan?		Yes		No	
-	in foster care, care of the Local Authority or sup	ported by the Leaving Care Team?			No	
Are you a Young Ca		ported by the Leaving Care Tearns	Yes		No	
_	iminal convictions or are you currently under in	ovestigation by the police?	Yes		No	
	declare if they have any criminal convictions. If you			_		
nterview. This will not	automatically affect your application, but will allow	College to carry out an assessment a	nd provide s	support as a	ppropri	
		Date		***************************************		
Signature						
entact permission e College will use the rposes. It may also	(General Data Protection Regulation) ne information on this form for the purpose of a be shared with external organisations for the d offers by email, post, SMS and phone. Pleas ow.	ese purposes. We would also like	to keep y	ou informe	d abou	
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