**APPLICATION FORM 2023**

PLEASE RETURN TO RTJX-LSAT-GYJR, ADMISSIONS, WEST THAMES COLLEGE, ISLEWORTH MIDDX TW7 4HS

FOR COLLEGE USE ONLY Date Received: Student Number:

PLEASE FILL IN THE FORM IN BLOCK CAPITALS USING A BALL POINT PEN.

# PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mr Ms | Miss | Mrs | First name | Surname |
| Your date of birth | / / | | Your age on 31 Aug 22 | |

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| --- | --- | --- |
| Your home address |  | |
|  |  |  |
| Town |  | Postcode |
|  |  |  |
| Email | Mobile | Home phone |

If you are aged under 19 years, please give the contact details of your parent or guardian.

Mr Ms Miss Mrs First name Surname

|  |  |  |
| --- | --- | --- |
| Parent/guardian’s address (if different from yours) |  | |
|  |  |  |
| Town |  | Postcode |
| Email | Mobile | Home phone |

# YOUR COURSE

Please tick this box if you are not sure which course is right for you and would like an advice and guidance interview.

Which course do you wish to study?

If you have a second choice, please write it here.

What type of work/career are you interested in?

# YOUR PREVIOUS EDUCATION

What qualifications do you have or are you taking? (Please fill in the table below – you can continue on another page if you need to.)

**Date of exam**

**Name of school/college**

**Level Subject/module**

**Grade / Expected Grade**

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# EXTRA SUPPORT FOR YOU

Do you have a physical, mental health or sensory impairment? Yes No If **Yes**, what kind of disability do you have?

Do you have a learning difficulty?

If **Yes**, what kind of learning difficulty do you have?

Yes No

Do you need support on your course?

If **Yes**, someone will contact you to discuss your needs.

Yes No

# YOUR PERSONAL STATEMENT

**If you require support or adjustments for your interview,** please contact our Admissions Team on 020 8326 2000.

If you would like to add more information to support your application, please use the box below. You may wish to tell us about your interests, career ambitions, family responsibilities, work experience or other relevant information

# HOW DID YOU HEAR ABOUT US?

Please tick one box only. Bus / bus stop advert Careers advisor / school

Email / post from West Thames College

Friend / family / word of mouth Google / web search

Leaflet through door Prospectus

# DECLARATION

Radio advert

School or other event Social media

TV advert UCAS

Other – please state:

I understand that by submitting this form I am applying to become a student at West Thames College and declare that the information I have provided is correct. I am happy to receive further information about the college and its courses.

Your signature Date

*Before you submit this form, please check it through to make sure you have completed it correctly. The information you provide on this form will be treated in confidence and only used in accordance with the relevant data protection legislation. We will never pass on your personal details to any third party for marketing purposes.*