Your date of birth  Your home address  Town  Email  If you are aged under 19 years,	OCK CAPITALS USING A BALL  S  Mrs First name	Student Number	er:	College London	
1. PERSONAL DETAIL  Mr Ms Miss Miss  Your date of birth  Your home address  Town  Email  If you are aged under 19 years,	Mrs First name	POINT PEN.			
Your date of birth  Your home address  Town  Email  If you are aged under 19 years,	Mrs First name				
Your date of birth  Your home address  Town  Email  If you are aged under 19 years,					
Your home address  Town  Email  If you are aged under 19 years,			Surname		
Town  Email  If you are aged under 19 years,	/ /	Your age on 31	Aug 24		
Email  If you are aged under 19 years,					
If you are aged under 19 years,	Town			Postcode	
	1	Mobile	Hom	e phone	
Mr Ms Miss	please give the contact details	of your parent or guardia	n.		
	Mrs First name		Surname		
Parent/guardian's address (if d	ifferent from yours)				
Town			Post	code	
Email	I	Mobile	Hom	ne phone	
2. YOUR COURSE  Please tick this box if you ar  Which course do you wish to s	e not sure which course is right tudy?	for you and would like a	n advice and guidance intervie	w.	
If you have a second choice, pl	ease write it here.				
What type of work/career are y	ou interested in?				
3. YOUR PREVIOUS E	DUCATION				
What qualifications do you hav	e or are you taking? (Please fill i	n the table below – you o	can continue on another page	if you need to.)	
Date of exam	Name of school/college	Level	Subject/module	Grade / Expected Grade	

<b>4. EXTRA SUPPORT FOR YOU</b> Do you have a physical, mental health or sensory impalf <b>Yes</b> , what kind of disability do you have?	airment? Yes No
Do you have a learning difficulty?  If <b>Yes</b> , 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 need  If you require support or adjustments for your inte	Yes No Is.  erview, please contact our Admissions Team on 020 8326 2000.
5. YOUR PERSONAL STATEMENT	
If you would like to add more information to support ambitions, family responsibilities, work experience or	your application, please use the box below. You may wish to tell us about your interests, career other relevant information.
6. HOW DID YOU HEAR ABOUT US?	)
Please tick one box only.	¬
Bus / bus stop advert	Radio advert
Careers advisor / school	School or other event Social media
Email / post from West Thames College Friend / family / word of mouth	TV advert
Google / web search	UCAS
Leaflet through door	Other – please state:
Prospectus	
7. DECLARATION	me to become a student at West There are Called a and declare that the Committee
I understand that by submitting this form I am applying I have provided is correct. I am happy to receive furth	ng to become a student at West Thames College and declare that the information er information about the college and its courses.

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.

Date

Your signature