

# 14-16 COLLEGE APPLICATION FORM 2017-18

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



FOR COLLEGE USE ONLY Date Received:

Student Number:

To be completed by the student's parent or guardian. Please use black ink and write in BLOCK CAPITALS. If you need help with this form, please phone 020 8326 2020.

## STUDENT PERSONAL DETAILS

☐ Female

☐ Male

Forenames

Surname

Date of birth

/

/

School year

Address

Postcode

Nationality

First language

Religion or belief

## PARENT/GUARDIAN DETAILS

Title

(Mr, Ms, Mrs, Dr, other)

Forenames

Surname

Address (if different to the student's address)

Postcode

Home telephone

Work telephone

Mobile

Email

Do you have parental responsibility for the student?

☐ Yes ☐ No

If NO, who has parental responsibility?

Is the child in the care of a local authority?

☐ Yes ☐ No

## VOCATIONAL OPTION APPLIED FOR

## PERSONAL STATEMENT This must be completed by the parent /guardian.

Please give details of anything you think should be taken into account when your son/daughter is being considered for a place on this course.

I would like a 14-16 Key Stage 4 place at West Thames College for my son/daughter because...

STUDENT'S CURRENT SCHOOL

Name		
Address		
		Postcode
Phone		Local authority
Key Stage 2 Results		
Maths	English	Science
Key Stage 3 Results		
Maths	English	Science

Has the student ever been excluded from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been permanently excluded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student need extra support to help them succeed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a statement of Special Educational Needs or an Education Health Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Social Services involved with the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the social worker's name?	<input type="text"/>
Are Educational Welfare currently involved with the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the educational welfare officer's name?	<input type="text"/>
Are there any other agencies involved with the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what agencies?	<input type="text"/>
IMPORTANT: Is there anyone who should not have access to information about this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?	<input type="text"/>

DATA PROTECTION ACT

The information you provide on this form will be treated in confidence and only used in accordance with the Data Protection Act 1998. We will never pass on your personal details to any third party for marketing purposes.

STUDENT DECLARATION

I certify that all the information that I have given on this form is correct.

I understand that if my application is successful, in order for me to have the best chance of achieving an accredited vocational qualification, I must:

- Attend my course regularly and on time.
- Work to the best of my abilities at all times.
- Behave well and do what is asked of me by the course tutors.

Student signature	Date
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PARENT/GUARDIAN DECLARATION

I consent to my son/daughter applying for this course(s) and I support their application.

I confirm that I have parental responsibility for the student named on this form.

I understand that the information on this application form will be passed to the local authority and the college to be held on file and used during the recruitment process for the course(s).

I understand that pictures and recorded media materials of my son/daughter may be used by the college for promotional purposes etc.

I understand that the college cannot guarantee the provision of any course and has the right to remove a place on a programme of study at any time. Any course may be altered or withdrawn owing to circumstances including (but not limited to) industrial action, withdrawal of funding or lack of demand. The college will not reimburse students for any loss or expenditure incurred as a result of the withdrawal of an offer.

Parent/guardian signature	Date
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