



Choices



HOME EDUCATION STUDENT APPLICATION FORM 2017-18

Please complete this form. Please note **ALL** fields must be completed.

If you require this form in an alternative format please contact the Choices team on 0115 884 2103

STUDENTS PLEASE FILL OUT EVERYTHING IN THE BLUE SECTION

PERSONAL DETAILS

Name:

Date of birth: Gender:

Your Address:

Postcode:

Phone Number:

Mobile Number:

Email Address:

IN SEPTEMBER 2017 I WILL BE IN YEAR: (tick below)	YEAR GROUP IN SEPTEMBER 2017	DATE OF BIRTH
<input type="checkbox"/>	Year 9	1st September 2003 to 31st August 2004
<input type="checkbox"/>	Year 10	1st September 2002 to 31st August 2003
<input type="checkbox"/>	Year 11	1st September 2001 to 31st August 2002

Nationality:

Have you lived in the UK or other EU country for the whole of the last 3 years?

If no, please state which country(ies):

EMERGENCY CONTACT DETAILS

Name:

Relationship to student:

Phone number:

Email address:

COURSE DETAILS - WHAT COURSE DO YOU WISH TO STUDY?

1st Choice:

e.g. Science

2nd Choice:

e.g. Construction Level 2

Please tell us about the career(s) you might be interested in working towards:

EXAMINATION DETAILS - Please list all qualifications you are taking or have already achieved

QUALIFICATION	PREDICTED GRADE	ACHIEVED GRADE	YEAR EXAM TAKEN

DATA PROTECTION ACT 1998

I declare the information given on this form is correct and is covered by the Data Protection Act and may be used for statistical purposes. It will be passed onto Futures / funding agencies but no other third party, although information may be passed onto other departments within the College. Please contact the Choices team on 0115 884 2103 if you do not wish your details to be shared with any other party.

Student's Signature:

Student's Name:

Date:

D | D | M | M | Y | Y

PLEASE PASS THIS FORM TO YOUR PARENT / CARER
SO THEY CAN SUPPORT YOUR APPLICATION.

**PARENT / CARER PLEASE FILL OUT EVERYTHING IN THE YELLOW
SECTION TO SUPPORT THE STUDENT APPLICATION PROCESS**

ADDITIONAL NEEDS / EXTRA SUPPORT

Is the student in the care of the local authority or with the leaving care team?	YES	NO
Does the student have any health/medical conditions that we need to know about?	YES	NO
If yes, please state:		
Does the student have any mental health difficulties?	YES	NO
If yes, please state:		
Does the student have an Education Health Care Plan? If yes, please provide a copy with this application.	YES	NO
Has the student ever been convicted of a criminal offence or cautioned by the police?	YES	NO
Does the student have any unspent criminal convictions/pending court cases or are you currently on probation/serving a non-custodial sentence?	YES	NO
If yes, please state:		
Is there any additional information that will help the Choices team identify appropriate support for the student?		
How long has the student been home schooled?		
If the student has attended school within the last two years, please indicate which school the student went to?		
Is your child registered with the local authority as being electively home educated?	YES	NO

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Parent/Carer Signature:

Parent/Carer Name:

Date:

PLEASE RETURN ALL APPLICATIONS AND SUPPORTING
EVIDENCE TO THE CENTRAL CHOICES TEAM:

Central College Nottingham, Maid Marian Way, Nottingham, NG1 6AB

INTERNAL USE - Central Person Code

Notes for Choices Team: