

School College Partnership - Application Form 10/11

Please print clearly using blue or black ink.



PERSONAL DETAILS



Year student going into (please tick): S2 S3 S4 S5 S6

Name of School attending: _____

Programme(s) applied for:

1st choice: _____ 1st choice code: _____

2nd choice: _____ 2nd choice code: _____

3rd choice: _____ 3rd choice code: _____

Title: _____ Forename: _____ Surname: _____

Gender: Male Female Date of Birth: _____

Address: _____

Postcode: _____

Tel No (home): _____ Tel No (mobile): _____

Email: _____

Ethnicity (please tick):

- Scottish English Welsh Irish Any other white background
 Indian Pakistani Bangladeshi Chinese Any other Asian background
 African Caribbean Any other black background Any mixed background Any other background

Disability (please tick):

- No known disability Dyslexia Blind/partially sighted Deaf/hearing impaired
 Wheelchair/mobility difficulties Personal care support Mental health Unseen disability
 Other

If you have a disability and would like someone from the College to contact you to discuss the support available, please tick this box

Qualifications Please list your academic qualifications below.

Course/Subject	Level/Grade	Result (if known)	Year

REASON FOR APPLYING

WORK EXPERIENCE

Please detail your work history. This may be full-time, part-time, voluntary or work experience placement.

Signature: _____ Date: _____

STATEMENT TO SUPPORT APPLICATION

To be completed by the **School Guidance Teacher** who should return the form to the College at the address below.

Name of School attending: _____

Day student would like to attend (see brochure): _____

Attendance: Session _____ Actual _____ Possible _____

Please comment on the applicant's suitability for the chosen programme(s).

Signature: _____ Position: _____

Print name: _____ Date: _____

Please advise the college of additional information which could have an impact on the potential student and or others eg criminal convictions, involvement with children's reporter, social work department or any other statutory body. In the first instance you should contact Gill Clark, Community Development Manager.

PLEASE RETURN THE COMPLETED FORM TO:

**MARY WRIGHT, ADMINISTRATOR, COMMUNITY DEVELOPMENT,
PERTH COLLEGE UHI, CRIEFF ROAD, PERTH, PH1 2NX**