# School Admissions

UTC Swindon Bristol Street Swindon Wiltshire

SN1 5ET

UTC SWINDON YEAR 12 APPLICATION FORM

Please complete this form using block capitals and return to:

# UTC Swindon Bristol Street Swindon Wiltshire

**SN1 5ET**

Tel: **01793 207921**

Email: dlee@utcswindon.co.uk

Surname Forename

1. APPLICANT DETAILS

Gender (male/female) Date of birth

|  |  |  |
| --- | --- | --- |
|  |  |  |

Parent/carer email address Parent/carer telephone

Home address

Postcode

School attended

Are you or your parent/guardian here on a student visa? Yes No

If yes please specify country of residence

Have you been a resident in England for three years prior to enrolment? Yes No

If no please specify country of residence

Qualifications achieved/to be achieved (please included all qualifications)

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT (INCLUDING LEVEL) EG. MATHS GCSE | ACTUAL | PREDICTED | DATE |
| GRADE | GRADE |
|  |  |  |  |
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2. TO HELP US DEAL WITH YOUR APPLICATION APPROPRIATELY AND EFFECTIVELY PLEASE COMPLETE THE FOLLOWING (TICK AS APPROPRIATE)

|  |  |
| --- | --- |
| Do you have any special needs that may impact your learning? Yes | No |

If yes, please indicate any of the following categories that apply to you so that we can assess your support needs at UTC Swindon. All information will be treated in the strictest confidence.

|  |  |  |
| --- | --- | --- |
| Asperger’s syndrome | Dyslexia | Dyspraxia |
| Medical condition | Mental health difficulty | Mobility/wheelchair user |
| Temporary disability | Moderate learning difficulty | Dyscalculia |
| Severe learning difficulty | Deaf/hearing impairment | Autism spectrum disorder |
| Visual impairment | Other |  |

If you have ticked any of the above please provide details

# Equal opportunities monitoring

Please complete the following information accurately to help UTC Swindon comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by limited number of staff and our reporting mechanisms guarantee data protection.

**White:** English/Welsh/Northern Irish/British Irish Gypsy or Irish Traveller

Any other White Background

**Mixed/multiple ethnic group:** White and Black Caribbean White and Black African White and Asian

Any other mixed/multiple ethnic background

**Asian/Asian British:** Indian Pakistani Bangladeshi Chinese

Any other Asian background

**Black/African/Caribbean/ Black British:** African Caribbean

Any other Black/ African/Caribbean background

**Other ethnic group:** Arab Any other ethnic group

Confirmation of Application by Student: I agree that, solely for the purpose of supporting my application, UTC Swindon may exchange information with my school, the police and other agencies in order to assess my suitability for certain courses. To the best of my knowledge the information I have provided is accurate.

3. DECLARATION

I wish to become a full-time student in Year 12 at UTC Swindon. To the best of my knowledge all the information given on this form is correct. If accepted, I agree to abide by the regulations of UTC Swindon including its smoking, drugs and IT policies.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

This information you provide will be entered onto UTC Swindon’s student record system. The form will be held in a locked filing/archive room for a period of seven years before being destroyed. If you require access to this form whilst you are at UTC Swindon please contact 01793 207920. UTC Swindon may process personal information from this form or other data from you or other people while you are a learner. This information will be processed for any purposes in connection with your studies, for health and safety reasons and any other legitimate reason