



School Admissions

UTC Swindon
Bristol Street
Swindon
Wiltshire
SN1 5ET

Tel: 01793 207920
Email: info@utcswindon.co.uk

UTC SWINDON YEAR 10 ADMISSIONS FORM

Please complete this form using black capitals and return to:

UTC Swindon
Bristol Street
Swindon
Wiltshire
SN1 5ET

1. APPLICANT DETAILS

Surname [ ] Forename [ ]

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)

Table with 4 columns: SUBJECT (INCLUDING LEVEL) EG. MATHS GCSE, ACTUAL GRADE, PREDICTED GRADE, DATE. Multiple empty rows for data entry.

## 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	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>	Mobility/wheelchair user	<input type="checkbox"/>
Temporary disability	<input type="checkbox"/>	Moderate learning difficulty	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>	Deaf/hearing impairment	<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>		

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

## 3. DECLARATION

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.

I wish to become a full-time student in Year 10 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