

Application Form 2012/2013



- Please use BLOCK CAPITALS and black ink
- Please complete ALL the sections
- Once complete, please return your form in the post (please ensure the correct postage)

**Return to: Admissions
Suffolk One
Scrivener Drive
Ipswich, Suffolk, IP8 3SU**

- For any enquires relating to your application please contact Admissions directly:

By telephone: **01473 556627** or email: **Admissions@suffolkone.org**

PERSONAL/STUDENT INFORMATION

Title (please tick)

Mr Miss Mrs Ms Other

First name and Middle name(s) (on birth certificate)

Preferred First name (if different from that on birth certificate)

Surname (on birth certificate)

Male Female

Date of Birth

Age on 01/09/2012 (years and months)

Home Address

Postcode

Student's Home Phone number:

Student's Mobile Phone number:

Student's E-mail Address:

PARENT/CARER INFORMATION

Title (please tick)

Mr Mrs Miss Ms Other

First name

Surname

Relationship to Student

Parent/Carer's Home Phone number: (if different to above)

Parent/Carer's Mobile Phone number:

Parent/Carer's E-mail Address:

COURSES APPLIED FOR

- These must be the ones available in the Prospectus
- For A-Levels you must give at least four subject choices

1st Choice

2nd Choice

3rd Choice

4th Choice

5th Choice

EDUCATION

Current School or College

From (Month/Year)

To (Month/Year)

Please complete the following table for any examinations/qualifications. Please give grades where possible.

Subject	Level (e.g. GCSE, BTEC)	Year taken	Predicted grade	Actual Result
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ETHNIC/CULTURAL DETAILS

Ethnicity (Please tick)

Black – African Black Caribbean Chinese Indian Pakistani

White – English White – Irish White – Scottish White – Welsh

Other, please state:

Home Language (Please tick)

Albanian/Shqip Bengali Chinese English French

German Hindi Polish Portuguese

Other, please state:

First Language (Please tick)

Albanian/Shqip Bengali Chinese English French

German Hindi Polish Portuguese

Other, please state:

Nationality (Please tick)

English Irish Scottish Welsh

Other, please state:

Religion (Please tick)

Buddhist Christian Hindu Jewish

Muslim No Religion Sikh

Other, please state:

ADDITIONAL SUPPORT

Suffolk One is keen to address the needs of all students.

Inclusion, in our context, embraces a wide range of difficulties including visual, hearing and physical impairments, dyslexia, dyspraxia, mental health difficulties and medical conditions such as diabetes, epilepsy and ME.

Please complete the section below. This enables us to provide support for all our students in a variety of ways and we are happy to discuss possible options.

If necessary we will contact you to arrange a confidential meeting and if you wish to discuss any concerns please phone our SEN Manager, Sam Hanley on **01473 556612** or email samantha.hanley@suffolkone.org

Name: School:

Have you been assessed as having a learning difficulty?

Yes No

If Yes, please bring a copy of the report with you to your interview.

Have you had a Statement of Special Educational Needs or been supported on School Action Plus or School Action? If Yes, please bring a copy of the report with you to your interview.

Yes No

Did you have special arrangements in your GCSE exams?

Yes No

Please state which arrangement e.g. extra time, reader etc.

Do you have an Autistic Spectrum Disorder? E.g. Asperger Syndrome.

Yes No

Please give details and bring a copy of the report with you to your interview.

Do you have any problems with eyesight (other than glasses) severe enough to affect your learning?

Yes No

- Mears-Irlen Syndrome: please give details
- Font Size
- Paper colour

Do you have problems with hearing, serious enough to affect your learning? Current support/adjustments: e.g. seating arrangements, hearing aids.

Yes No

Do you have a mental health difficulty, e.g. panic attacks, OCD, depression? Please give details.

Yes No

Do you have a physical or medical condition? E.g. mobility difficulties, epilepsy, diabetes, ME, add/adhd?

Yes No

Please give details. Do you use a wheelchair?

Are you colour blind? Occasionally this needs to be considered in subjects such as geography or chemistry.

Yes No

Would you like a Study Plus class? (An additional support class)

Yes No

ESOL: if English is NOT your first language, then please state:

- Your first language
- When you arrived in the UK, or how long have you lived here
- Do you wish to use a bi-lingual dictionary in exams?

Do you have any other health problems? If yes, please give details:

Yes No

Are you currently in care, or have you recently left care?

Yes No

Any other needs or additional information

ADDITIONAL INFORMATION

Why have you applied for this course— what is your intended career path?

Please list all your hobbies and interests (including membership of clubs and societies etc.)

REFERENCES

A Reference will be automatically requested from your Head of Year at your current school.

Please **only** give details of a different referee if your individual circumstances demand this, e.g. if you have a home tutor.

Name Position E-mail Address

DECLARATION

I confirm best to my knowledge that the information on this form is correct & complete. If accepted as a student I agree to abide by the College Regulations.

Please SIGN to give permission for Suffolk One to apply for a reference for you from your current school. You also give permission for your previous student information to be passed from the LA to Suffolk One. This will provide the right support for you while completing your course.

Applicants' Signature:

Date:

Signature of Parent/Carer:

Date:

DATA PROTECTION—the information you have provided will be stored on computer and used to process your application. The information may be disclosed to the Careers Service, Local Education Authority, Awarding Bodies, Funding Councils, the Higher Education Statistical Agency and if you are under 18 years of age, to your parents/carer.