

# SCHOOL LEAVERS' APPLICATION FORM

## 1 Personal Details

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Name of Parent/Carer \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 \_\_\_\_\_ Female  Male   
 \_\_\_\_\_ School/College/Academy \_\_\_\_\_  
 Postcode \_\_\_\_\_ Have you lived in the UK or European Union for all of the past 3 years?  
 Yes  No

## 2 Nationality & Ethnicity

Please tick box, or specify  
 (if left blank the Institute will assume - country of residence: England, and nationality: English)

Country of Residence: ENGLAND  if other specify: \_\_\_\_\_

Nationality: ENGLISH  if other specify: \_\_\_\_\_

Overseas, UK entry date:

Ethnicity (select appropriate code):

- |                             |                                  |                  |                                  |                                  |
|-----------------------------|----------------------------------|------------------|----------------------------------|----------------------------------|
| 31 White – British          | 35 Mixed – White/Black Caribbean | 38 Mixed – Other | 42 Chinese                       | 46 Black / Black British – Other |
| 32 White – Irish            | 36 Mixed – White/Black African   | 39 Indian        | 43 Asian / Asian British – Other | 47 Arab                          |
| 33 Gypsy or Irish Traveller | 37 Mixed – White/Asian           | 40 Pakistani     | 44 African                       | 98 Any other                     |
| 34 White – other            |                                  | 41 Bangladeshi   | 45 Caribbean                     |                                  |

## 3 Health / Additional Needs

The Institute is committed to providing the best learning experience/opportunity and any additional assistance or support you may require. To help us do this, please answer these questions accurately.

Do you have any medical condition/disablement? YES, enter code  NO, please tick

- |                                  |  |                                       |                        |
|----------------------------------|--|---------------------------------------|------------------------|
| 01 Visual impairment             | 04 Other physical disability                                 | 07 Mental health                      | 10 Aspergers Syndrome  |
| 02 Hearing impairment            | 05 Other medical condition (e.g. epilepsy, asthma, diabetes) | 08 Temporary disability after illness | 90 Multiple conditions |
| 03 Disability affecting mobility | 06 Emotional/behavioural difficulties                        | 09 Profound complex disabilities      | 97 Other               |

Do you have a learning difficulty? YES, enter code  NO, please tick

- |                                 |                |                                       |                                   |
|---------------------------------|----------------|---------------------------------------|-----------------------------------|
| 01 Moderate learning difficulty | 10 Dyslexia    | 19 Other specific learning difficulty | 90 Multiple learning difficulties |
| 02 Severe learning difficulty   | 11 Dyscalculia | 20 Autism spectrum disorder           | 97 Other                          |

Are you a young person in care? Yes  No

## 4 Additional Information

Please provide additional information, particularly about your work experience, jobs, training and personal interests (Please include dates)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return completed form in an envelope to:

The Admissions Team, The Grimsby Institute, FREEPOST DC1284, Nuns Corner, Grimsby, DN34 5BR.

NO STAMP NEEDED

## 5 Subjects / Courses Studied

| Subject/Course | Examination<br>(GCSE, A/CE, AS/A2, EDEXCEL, RSA, NVQ, NONE) | Completion Date | Predicted Grade | Actual Grade<br>(if Taken) |
|----------------|---|-----------------|-----------------|----------------------------|
|                |   |                 |                 |                            |
|                |   |                 |                 |                            |
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|                |   |                 |                 |                            |

## 6 Choice of Course

If you have a Record of Achievement, please take this to the interview.

| Subject | Full time course or apprenticeship |
|---------|------------------------------------|
|         |                                    |
|         |                                    |

If you have listed more than one subject you will be offered an interview with one of our careers advisers to help you decide. If applying for an apprenticeship we recommend you apply for a full time course too.

## 7 Course Applied For

Why do you want to take the course/training for which you have applied?  
(Include any career aims if known, you may wish to continue on an extra sheet)

I give my consent for the Grimsby Institute Group to contact my previous school for information to assess individual support.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

At times the Grimsby Institute Group may take photographs to be used for internal and external purposes. If you wish for your image not be used you must make the photographer aware of this at the time.

Do you have any unspent criminal convictions?

Yes  No

Have you ever been suspended or excluded from a school or college?

Yes  No

Some courses require work placements in a setting with access to young people who are under the age of 18 and/or vulnerable adults. These placements and a place on the course are subject to a satisfactory disclosure from the Disclosure and Barring Service.

## 8 Data Protection Act 1998

All records of the Grimsby Institute Group are held in accordance with the principles of the Data Protection Act 1998. The Institute is registered with the Information Commissioner's Office as a provider of education & training. By applying to enrol on a course of study with us, you consent to the Institute processing personal or sensitive data relating to you, in accordance with the Institute's registration.

## 9 School Comment (If Appropriate)

Attendance?

Very Good  Good  Satisfactory  Below Average  Poor  Attendance  % \_\_\_\_\_

Is the student on the Special Education Needs Register? Yes  No  (if yes please provide details on an extra sheet)

Appropriate level of course for further study? Advanced  Intermediate  Foundation

Any other comments \_\_\_\_\_

Name of Tutor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_