

14-16 Courses at City College Application Form 2006/07

Referred by:

Relationship to student:

Section 1: Student details

Please complete this form as fully as you can. If you need help to complete it please telephone Learner Participation on 01273 667719.

Please return this form to Learner Participation, City College Brighton and Hove, Pelham Street, Brighton, BN1 4FA.

Name:	Date of birth:
Address:	Telephone Number:
	Postcode:
Next of kin:	Emergency Contact Number:

Do you have a disability? Yes / No
If you give us details here we can arrange help in advance:

Do you have a learning difficulty? Yes / No
If you give us details here we can arrange help in advance:

Course applied for:

Please tell us briefly your reasons for applying for this course. If you have already decided on your future employment, please tell us this as well.
(You can continue on a separate sheet if you wish)

Declaration

I am applying for a place on the above course. If I am awarded a place on this course I agree to keep to the student code of conduct. I understand that, if I breach this code, disciplinary action can be taken against me and I may be withdrawn from the course. I agree to arrive on time and participate fully in all activities.

Student Signature **Date**

Section 2: Parent/carer's consent

Name of parent/carer:	Contact Number:
Address (if different from applicant)	
<p>Please use this space to provide us with information about any special requirements your child has and any other information you feel is relevant to their application. If they need additional support then it is important to tell us now so we can arrange it in advance.</p>	

Declaration:

I support this application.

If (name of applicant) is offered a place on the course, I consent to him/her taking part in all activities which form part of the course, including off-site visits which I understand may occur occasionally. I also acknowledge that whilst s/he is on the course, I have overall responsibility with regard to duty of care. I give my consent to my child travelling independently to and from College. I understand that my child will be unsupervised during break times.

Signature **Name** **Date**

Thank you very much for completing this application form.

Both sections of this form must be completed, signed and returned to the 14-16 Administrator, Learner Participation, City College Brighton and Hove, Pelham Street BN1 4FA.