

Application Form

2010/11

This form should be completed in BLOCK CAPITALS in black ink and returned to:
Full-Time Admissions, Bicton College, East Budleigh, Budleigh Salterton, Devon, EX9 7BY

Course Applied For / Interested in

Start year (please tick) 2010 2011 2012

Career Ambitions

Date of Interview (if already known) _____

Application Details

Title (please tick) Mr Mrs Miss Ms

Surname _____

Forenames _____

Home Address _____

Post Code _____

Daytime Telephone Number _____

Mobile Telephone Number _____

Email Address _____

Date of Birth Gender: Male Female

Nationality _____

Contacts

Name of Next of Kin

Home Address

Post Code _____

Daytime Telephone

Mobile Telephone

Next of kin's relationship to you (e.g. mother)

Present / Most Recent School or College

Name and Address of School/College

Post Code _____

Start Year

End Date



Bicton College, East Budleigh, Budleigh Salterton, Devon, EX9 7BY

☎: 01395 562400 📠: 01395 567502 ✉: enquiries@bicton.ac.uk 🌐: www.bicton.ac.uk

Name of qualification e.g. GCSE, 1st Diploma	Subject being studied or achieved	Grade achieved/ predicted grade	Date of results

Referee

Please give the FULL name and address of a referee; this should be your last school, college or employer:

Job Title _____

Name _____

Address _____

Post Code _____

How did you first hear about Bicton College?

Student's signature _____

Date _____

I give permission for the College to get in touch with me about my application, enrolment or progress using any of the contact details I have provided. I understand that the College is obliged to share my personal data with the LSC and certain other organisations in accordance with the relevant fair processing notice. I give my permission for my information to be used in my personal best interests by college personnel and other professionals directly involved in the processing my application. If my course is funded or sponsored by an employer, I give permission for the College to share and discuss my application with my employer. If I am aged 18 years of younger on the day I sign this form, I accept that the College may discuss my application, and share my personal information with my parent(s) or carer designated as my next of kin. I understand that if I am aged 18 years of younger, but do not want the College to share information with my parent or carer, I can make this request using a form which can be obtained from the Head of Student Services.

Support Requirements:

We welcome all students and encourage you to tell us about the support you may need (please tick). This information is confidential and will only be used to provide appropriate support for your time at Bicton College.

Visual impairment (do not tick if your eyesight is corrected by glasses)

Hearing impairment

Disability affecting mobility

Aspergers/ASD

Medical condition (for example epilepsy, asthma, diabetes)

Emotional/behavioural difficulties

Mental ill health

Temporary disability after illness (for example post-viral) or accident

ADHD

Multiple disabilities

Dyslexia/dyspraxia

Would you like a discussion about other issues? (including confidential information)

Do you have a criminal record or any outstanding court proceedings or are you on an Offender's Register?

Yes No

please give details

Residency

Have you been a resident in England for the past 3 years, if not, where have you lived?

Do you have a British Passport?

Yes No