

# Application Form for September 2010

**PLEASE COMPLETE IN BLOCK CAPITALS**

## Personal details

Surname - as on your birth certificate:

Forename(s) - as on your birth certificate:

Postcode:

Date of birth:

Sex: M / F

Address:

Home phone no:

Mobile:

Email:

Present school:

## Parents'/Guardians' details

**1.** Title:

Surname:

Mobile:

Email:

**2.** Title:

Surname:

Mobile:

Email:

Information about progress in your subjects will be shared with the contacts you provide to the College.

**Subject choices - List the four subjects you are interested in studying**

01:

02:

03:

04:

**Career Plans - What are your career plans?****Qualifications - List the subjects you are currently studying**

Subject (full title)	Predicted grade
01: GCSE English	
02: GCSE Mathematics	
03:	
04:	
05:	
06:	
07:	
08:	
09:	
10:	
11:	
12:	
13:	
14:	
15:	

**Ethnic Origin - Please tick box**

White		Black or Black British		Chinese or other Ethnic group	
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		<input type="checkbox"/>
Asian or Asian British		Mixed			
Bangladeshi	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>		<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>		<input type="checkbox"/>

**Nationality - Please tick box**

British	<input type="checkbox"/>	Other	<input type="checkbox"/>	If other please state:			
Have you lived in the UK for 3 or more years?				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If no, please state the date you came to live in the UK:							

**Disability - Please tick box**

Do you have a disability and/or specific learning difficulty?				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes please give brief details:							

**Sharing of Information:** RSFC is registered under the Data Protection Act 1998. By signing this form you agree to share your data with the LSC and with the College for the use of marketing and publicity purposes.

Applicant Signature:	Date:
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**PLEASE RETURN YOUR COMPLETED FORM TO:**

Rochdale Sixth Form College, Unique Business Centre, Belfield Road, Rochdale OL16 2UP

t: 01706 515771 f: 01706 644745 [www.rochdalesixthformcollege.co.uk](http://www.rochdalesixthformcollege.co.uk) [info@rochdalesixthformcollege.co.uk](mailto:info@rochdalesixthformcollege.co.uk)

(Additional copies of this form are available to download on the website)

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**FOR COLLEGE USE ONLY**

**Interview notes**

Subject choices

Date received

Interview date

Interviewed by