

# APPLICATION FORM 2018-2019

Course Details			
BTEC/HND (please cire	cle as appro	priate)	
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Porconal Dotails			
Personal Details			
Title: Mr/Miss/Ms	First Name(s	s):	Surname:
Male/Female:	D.O.B		Age on 31 <sup>st</sup> August 2018
Address:			
Address.			
			Postcode:
Home Tel:		Mobile:	
nome rei:		Mobile.	
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		_	
Why do you want to do			
			oing the course, including your
future job/career/university plans. (Continue on a separate page if necessary)			
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#### **Your Qualifications**

Please list all qualifications starting with the most recent first. Please ensure you include English & Maths (include predicted grades if not achieved yet)

Name of School/College	Subject/course	Predicted	Grades
		Grades	Achieved

#### Your Performing Arts Experience

Please list any Dance or Performing Arts Schools or courses you have atttended, including any exams taken or awards achieved

Name of School	Discipline	Medals/Awards	
		achieved	

#### Part 2 - Reference

Please complete section 1 and then give to your referee to complete section 2. Your referee should be your head of year, or an employer if you are working. Your referee cannot be a friend or member of your family.

#### Reference section 1 – to be completed by applicant

Title: Mr/Mrs/Miss/Ms/Dr/Other	First Name:	Surname:		
Reference Section 2 – to be completed by referee				

Job title/Role:	Organisation:		Email:
Address:			
			Postcode:
Official stamp: (School/Colleg	ge)	Telephone:	

Please comment on the applicant's suitability for the course applied for, indicating the predicted grades for all of their subjects below.

Subject/course	Predicted	Grades
	Grades	Achieved
English GCSE		
Maths GCSE		

Please comment on the suitability of the applicant below, including their
attendance, punctuality, ability to work with others and behaviour and
motivation. Please include anything else you feel to be relevant.

## Part 3 –Applicant to fill in

Do you have a learning difficulty or disability? Vas //	Mo		
Do you have a learning difficulty or disability? Yes/No			
If you have answered Yes, please tick the boxes below. If you have a mobility			
difficulty or visual impairment we need to know so that we can protect your			
Health and Safety e.g. in case of emergency.			
Moderate Learning Difficulties	Autism Spectrum Disorder		
Blind/Serious Visual Impairment	Sickle Cell		
Deaf/Hearing Impairment	Multiple Learning Difficulties		
Dyslexia/Dyspraxia	Mental Health Difficulty e.g.		
	Depression, Serious Anxiety		
Mobility Difficulty	Asperger's Syndrome		
Dyscalculia	Temporary Disability after illness		
	e.g. Post Viral or Accident		
Other Physical Disability	Downs Syndrome		
Other Specific Disorder	Profound Complex Disability		
Other Medical Condition e.g.	Multiple Disabilities/Other –		
Asthma, Diabetes, Epilepsy,	Please specify below		

Will you need support for your learning disability? If yes, please state:
Do you have a statement of special educational needs Yes/No If Yes – please
attach a copy

## Please indicate the ethnic group to which you belong

WHITE:	ASIAN/ASIAN BRITISH:
British	Indian
Irish	Pakistani
Gypsy/Traveller	Bangladeshi
Any other	Chinese
MIXED/MULTI ETHNIC GROUPS:	Any other
White & Black Caribbean	BLACK/BLACK BRITISH:
White & Black African	African
White & Asian	Caribbean
Any other	Any other
OTHER BACKGROUND:	
Arab	
Any other	

## Please indicate your religion, faith or belief

Christian	Sikh
Buddhist	No faith or religion
Muslim	Other
Jewish	Prefer not to say
Hindu	

### Please indicate your sexual orientation

Heterosexual	Bisexual	
Gay Male	Other	
Lesbian	Prefer not to say	

How did you hear about our College/course?	
<u>Signature</u>	
I confirm that the information I have given is correct and give my consent to Shelagh Elliott Clarke Performing Arts to process this information on the understanding that the college complies with the Data Protection Act 1998.	
Signature of Applicant:	Date:
Please return completed form to:	

Shelagh Elliott Clarke Performing Arts Old Hay Market Liverpool L1 6ER

0151 236 4656