

APPLICATION FORM

2020 / 2021

PERSONAL DETAILS

Title: (Mrs, Miss, Ms, Mr) Last Name: First Name:

Home Address:

Postcode:

Mobile Number:

We may contact you via text so please ensure your mobile number is correct

Date of Birth: Email Address:

Home Telephone Number:

Parent's / Guardian's mobile (if you are aged 13-18)

Where did you first hear about Hugh Baird College?

COURSE DETAILS

Please state the course you wish to study:

For A-levels, please state the subjects you wish to study:

If you are unsure of the course you wish to study, would you like a guidance interview? Yes No

Please note: Courses are offered subject to viable student numbers.

PREVIOUS EDUCATION

School/College: From: (date): To: (date):

Have you ever attended Hugh Baird College before? Yes No

If yes, please state what year:

Courses you studied at Hugh Baird College:

Your last Personal Tutor at Hugh Baird College:

EXTRA SUPPORT

If you have any learning disabilities and/or learning needs, please tick the relevant box(es)

Registered blind / acutely visually impaired Deaf or hearing impairment Dyslexic

Physical disability (please specify):

Medical condition which may affect your learning:
e.g. epilepsy, diabetes (please specify):

Learning difficulties (please specify):

Other: (please specify):

Is English your first language?: Yes No

Have you had any help in exams in your previous school/college? Yes No

If yes, please tick what help you had:

Reader Scribe Extra time Use of laptop Separate room

ETHNIC ORIGIN

Please help us monitor our equal opportunities policy by ticking the relevant box below

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background	Mixed/Multiple Ethnic Group <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background	Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background	Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group	

SIGNATURE

Signature of Applicant:

Date:

After completing this form please return to:

Admissions, Hugh Baird College, Freepost LV7233, BOOTLE L20 7EW

A response to this application will be made within 5 working days.