



Admissions Use Only:

STUDENT CODE

ENTERED

# APPLICATION FORM FULL-TIME COURSES

Please complete in BLOCK CAPITALS in black ink or ball point pen as clearly as possible.

## 1. Personal Details

First Name(s)

Family Name

Title  Date of Birth

Address

Postcode

Home Phone No

Mobile Phone No

Email

Nationality

Home Country

### Ethnic Origins

31 English/Welsh/Scottish/  
Northern Irish/British  40 Pakistani

32 Irish  41 Bangladeshi

33 Gypsy or Irish Traveller  42 Chinese

34 Any other White background  43 Any other Asian background

35 White & Black Caribbean  44 African

36 White & Black African  45 Caribbean

37 White & Asian  46 Any other Black/African/  
Caribbean background

38 Any other mixed/multiple  
ethnic background  47 Arab

39 Indian  48 Any other ethnic group

Would you prefer to receive information with regard to your application/interview by Email  Post

Are you currently studying at SGS College?  
If so on what course and who is your tutor?

Last school/college/university attended (other than SGS College)

Have you ever received free school meals?  Yes  No

If you were not born in the UK, what was your date of entry into the UK?

Name & Contact Number of Parent/  
Guardian (if you are under 18)

Please provide the name and address of at least 2 referees to whom we can contact to obtain a reference - the referee can be from school or a current employer.

Are there any dates that you CANNOT attend an interview? If so, please state which dates you CANNOT attend.

## 2. Course(s) which you would like to apply for

Course applied for:

Level

(e.g. Diploma, Extended Diploma)

Please state which campus you would like to study at:

Filton

WISE

Stroud

Berkeley Green

\*Queens Road

\*at Queens Road you can only apply to study Foundation Art

If you are applying for AS or GCSE courses, please give subject choices below

AS					
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For AS, you may shortlist 5 subjects, but the maximum you can study is 4

GCSE					
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APPRENTICESHIPS: Do you have employment already?  Yes  No

What subject area would you like to take an apprenticeship in?

National Insurance Number (apprenticeship applications only)

Have you applied anywhere else? Yes  No

### 3. Qualifications (including predicted grade if awaiting results) Please indicate if the grade is Actual or Predicted

Subject	Grade	Date will / have completed	Subject	Grade	Date will / have completed

Please continue on a separate sheet if necessary

#### LONG-TERM DEVELOPMENT

Why do you want to do the course you have applied for and what do you hope to do after the completion of your course?

**Achievements and Experiences** – please include any previous work experience, part-time jobs, hobbies, interests and sporting achievements

### 4. Disability/Learning Difficulties

Please complete

Do you consider yourself to have a Learning Difficulty, Disability and/or Health Problem that the College should be aware of and/or that you may need support for. (Please note, if you do not declare this at enrolment we may not be able to support you in the future.)

Yes (1)  No (2)

- 04  Visual impairment    05  Hearing impairment    06  Disability affecting mobility    07  Profound complex disabilities
- 08  Social and emotional difficulties    09  Mental health difficulty    10  Moderate learning difficulty    11  Severe learning difficulty    12  Dyslexia
- 13  Dyscalculia    14  Autism spectrum disorder    15  Asperger's syndrome    16  Temporary disability after illness (for example post-viral) or accident    93  Other physical disability
- 94  Other specific learning difficulty (e.g. dyspraxia), please state:     95  Other medical condition (for example epilepsy, asthma, diabetes) please state:
- 96  Other learning difficulty    97  Other disability    98  Prefer not to say

Please indicate which is your primary disability or learning difficulty

Have you ever been granted exam concessions in the past? Yes (1)  No (2)

Do you have any additional learning need which may need support in order for you to complete this course? If yes, please tick the box

### 5. Additional Support

If you need help with any of the following areas, please tick

- In Care     Care Leaver     Household income below £16,109 and intention to apply for financial support?
- I may need help with reading, writing, maths or coursework     Household income of £16,109 to £22,000 and intention to apply for financial support?
- \*Do you have any unspent criminal convictions?    Yes     No

\*1'Under the Rehabilitation of Offenders Act, a conviction becomes spent after a period of time. The rehabilitation period varies according to the sentence given, not to the offence committed'.

Signature     Date

If under 18, parent/guardian signature

**Please return the completed form to either:**  
Admissions, SGS    **College, Filton Campus,**  
Filton Avenue, Filton,  
Bristol. BS34 7AT

**Please tick if you do not wish to be contacted by:**  
Telephone  Email  Post  SMS

Where/how did you find out about SGS College and your chosen course(s):

#### HOW WE USE YOUR PERSONAL INFORMATION

The personal information you provide is passed to the Chief Executive of Skills Funding ('the Agency') and, when needed, the Young People's Learning Agency for England ('the YPLA') to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about the use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>,  
<http://www.ypla.gov.uk/privacy.htm> and  
<http://www.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>



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# APPLICATION FORM SGS ACADEMY OF SPORT

In ADDITION to completing the standard application form, please provide the information below:

## Section 1: Personal Details

Title

Forename

Surname

Address

Postcode

Tel

Email

Date of Birth

## Section 2: Academy Application

- |   |  |
|---|--|
| <input type="checkbox"/> American Football (male)     | <input type="checkbox"/> Athletics                   |
| <input type="checkbox"/> Basketball Academy (male)    | <input type="checkbox"/> Basketball Academy (female) |
| <input type="checkbox"/> Boxing Academy               | <input type="checkbox"/> Cricket Academy             |
| <input type="checkbox"/> Football Academy (male)      | <input type="checkbox"/> Football Academy (female)   |
| <input type="checkbox"/> Golf Academy                 | <input type="checkbox"/> Netball Academy (female)    |
| <input type="checkbox"/> Rugby League Academy (male)  | <input type="checkbox"/> Rugby Union Academy (male)  |
| <input type="checkbox"/> Rugby Union Academy (female) | <input type="checkbox"/> Table Tennis Academy        |
| <input type="checkbox"/> TEAMS                        |  |

Please tick which campus you would like to study at:

- WISE       Stroud

Please give a brief history of your playing career so far (plus Handicap if applying for the Golf Academy)

Please state any medical conditions or previous major injuries

Please outline why you would like to join the Academy

Please provide the name, address and telephone number of one person we could contact to discuss your ability; for example, a previous teacher, coach or pro in your sport.

Signature

Main course applied for:

Date:

Entry year:

You must apply and be accepted for a main course of study in order to apply for an academy

**Please do not hesitate to contact Admissions if you require any further information or help with completing this form**

**Please return the completed form to either:**

**Admissions,  
SGS College, Stroud Campus,  
Stratford Road, Stroud, GL5 4AH**

**01453 761165 and 01453761225  
admissions@sgscol.ac.uk  
www.sgscol.ac.uk**