

School College Application Form Session 2012 / 2013



Date Stamp **Form Received**

College Use Only - Applicant ID

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If you need help in completing this form, or require another format, please telephone **0131 559 4000**.
Please return to: Administration Support, Edinburgh's Telford College, 350 West Granton Road, Edinburgh EH5 1QE

Please complete in capital letters using blue or black ink and tick appropriate boxes.

Personal Details

Year student going into (please tick) S1 S2 S3 S4 S5 S6

Name of school attending:.....

Programme(s) applied for:

1st choice:.....

2nd choice:.....

3rd choice:.....

1st choice code:.....

2nd choice code:.....

3rd choice code:.....

**FOR
COLLEGE
USE
ONLY**

Title:..... Forename:..... Surname:.....

Gender: Male Female Date of Birth:.....

Address:.....

Postcode:.....

Tel No (Home):..... Tel No (Mobile):.....

Email:.....

Emergency Contact Name:..... Tel:.....

Scottish Candidate Number

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 (All under sixteen must be pre registered with SQA by their current school)

Ethnicity (please tick)

- | | | | | | |
|-----------------------------------|------------------------------------|--------------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English | <input type="checkbox"/> Welsh | <input type="checkbox"/> Irish | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> African | <input type="checkbox"/> Any other black background |
| | | | | | <input type="checkbox"/> Any mixed Background |

Disability (please tick)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> No known Disability | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/partially sighted | <input type="checkbox"/> Deaf/hearing impaired |
| <input type="checkbox"/> Wheelchair/mobility difficulties | <input type="checkbox"/> Personal care support | <input type="checkbox"/> mental health | <input type="checkbox"/> Unseen disability |
| <input type="checkbox"/> Other | | | |

If you have a disability and would like someone from the College to contact you to discuss the support available, please tick this box

Qualifications

List the subjects you are studying.

Course/Subject	Level/Grade	Result (if known)	Year

