



Applicant Number	for office use
Acknowledgement sent <input type="checkbox"/>	Data entry completed <input type="checkbox"/>

Surname	First name	Middle Name(s)	Known by Name

Male <input type="checkbox"/>	Date of birth	Country where you normally live
Female <input type="checkbox"/>		Nationality

Your Home Address

Postcode

Please ensure full postcode is entered

Your telephone and email contact

Home Tel No.

Mobile

Email

Mother / Guardian / Other* living with you at the above address (*delete as appropriate)

Title	Daytime Tel No.
Surname	Mobile
First name	Email

Father / Guardian / Other* living with you at the above address (*delete as appropriate)

Title	Daytime Tel No.
Surname	Mobile
First name	Email

If your parents are separated who has custody? (please tick) Mother Father Guardian Other

Please tick here if you are in local authority care

Please tick here if you have a brother or sister currently studying at the College

Present School (Full name, address, postcode)

Name of current school

Address

Postcode

Your exam subjects with predicted grades/results achieved

Subject (GCSE/Other)	Grade	Date	Subject (GCSE/Other)	Grade	Date

Courses/subjects you are thinking of taking at college

1.	2.	3.
4.	5.	6.

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Do you have a medical history, a current illness, a disability or a learning support need that may affect your ability to study at college? This information will be used in confidence to provide you with the help and support you might need to successfully achieve your goals.

Do you have any extra time awarded in exams? Yes No

Do you currently have learning support at school? Yes No

In order for us to help you decide on the most appropriate courses, please tell us about your interests, activities and any ideas that you may have about future careers.

Godalming College has policies to promote equal opportunities. We will only use this information to monitor the effectiveness of these policies. Please tick one of the following boxes

- | Asian or Asian British | Black or Black British | Chinese | Mixed | White | Others |
|---|---|----------------------------------|---|---|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> African | <input type="checkbox"/> Chinese | <input type="checkbox"/> White and Asian | <input type="checkbox"/> British | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Irish | <input type="checkbox"/> Not known/not provided |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Black background | | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Gypsy or Irish Traveller | |
| <input type="checkbox"/> Any other Asian background | | | <input type="checkbox"/> Any other Mixed background | <input type="checkbox"/> Other White background | |

Applicant's signature

Date

Parent's/Guardian's signature

Date

POST THIS FORM TO: Godalming College Admissions 2012, PO Box 787, Godalming GU7 9FT

Information you provide to the College will be passed to The Data Service, which is registered under the Data Protection Act 1998. This information may also be passed to the Young People's Learning Agency for England (YPLA), the Skills Funding Agency, and their agents and partners. The College's full Data Protection Statement can be found on www.godalming.ac.uk