



# SCHOOL LEAVERS' APPLICATION FORM

## 1 Personal Details

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Name of Parent/Carer \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 \_\_\_\_\_ Female  Male   
 \_\_\_\_\_ School/College/Academy \_\_\_\_\_  
 Postcode \_\_\_\_\_ Have you lived in the UK or European Union for all of the past 3 years?  
 Yes  No

## 2 Nationality & Ethnicity

Please tick box, or specify  
 (if left blank the Institute will assume - country of residence: England, and nationality: English)

Country of Residence: ENGLAND  if other specify: \_\_\_\_\_

Nationality: ENGLISH  if other specify: \_\_\_\_\_

Overseas, UK entry date:

Ethnicity (select appropriate code):

- |                             |                                  |                  |                                  |                                  |
|-----------------------------|----------------------------------|------------------|----------------------------------|----------------------------------|
| 31 White – British          | 35 Mixed – White/Black Caribbean | 38 Mixed – Other | 42 Chinese                       | 46 Black / Black British – Other |
| 32 White – Irish            | 36 Mixed – White/Black African   | 39 Indian        | 43 Asian / Asian British – Other | 47 Arab                          |
| 33 Gypsy or Irish Traveller | 37 Mixed – White/Asian           | 40 Pakistani     | 44 African                       | 98 Any other                     |
| 34 White – other            |                                  | 41 Bangladeshi   | 45 Caribbean                     |                                  |

## 3 Health / Additional Needs

The Institute is committed to providing the best learning experience/opportunity and any additional assistance or support you may require. To help us do this, please answer these questions accurately.

Do you have any medical condition/disablement? YES, enter code  NO, please tick

01 Visual impairment	04 Other physical disability	07 Mental health	10 Aspergers Syndrome
02 Hearing impairment	05 Other medical condition (e.g. epilepsy, asthma, diabetes)	08 Temporary disability after illness	90 Multiple conditions
03 Disability affecting mobility	06 Emotional/behavioural difficulties	09 Profound complex disabilities	97 Other

Do you have a learning difficulty? YES, enter code  NO, please tick

01 Moderate learning difficulty	10 Dyslexia	19 Other specific learning difficulty	90 Multiple learning difficulties
02 Severe learning difficulty	11 Dyscalculia	20 Autism spectrum disorder	97 Other

Are you a young person in care? Yes  No

## 4 Additional Information

Please provide additional information, particularly about your work experience, jobs, training and personal interests (Please include dates)

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\_\_\_\_\_

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Please return completed form in an envelope to:  
**Admissions Team, Skegness TEC, Heath Road, Skegness, Lincolnshire, PE25 3SY**

