



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

Have you been resident in the UK/EU for the past 3 years? Yes No

If no, what is your date of entry into the UK/EEU?

Ethnic Origins

English/Welsh/Scottish/
Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background

White & Black Caribbean

White & Black African

White & Asian

Any other mixed/multiple ethnic background

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

African

Caribbean

Any other Black/African/
Caribbean background

Arab

Any other ethnic group

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)

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

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

Course applied for: (first choice) Level

(second choice) 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For AS, you may shortlist 5 subjects, but the maximum you can study is 4

GCSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

As part of the admissions process, you will be invited to interview. Are there any dates that you CANNOT attend an interview? If so, please state which dates you CANNOT attend.

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?

4. Additional Support and Additional Information Please complete

At the college we support many students who need additional support with reading or writing, learning difficulties, disabilities or other difficulties. Please complete the section below to identify any support you may require. This will help us arrange support for you. Please note if you are aware of a support need and do not declare it, this may affect us being able to provide necessary support for you on your course.

Do you/will you have an Educational Health Care Plan (EHCP) when you come to college? Yes (1) No (2)

Do you currently have a My Plan/My Plan Plus or PEPS Plan in place? Yes (1) No (2)

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? Yes (1) No (2)

- Visual impairment
 Hearing impairment
 Disability affecting mobility
 Profound complex disabilities
 Social and emotional difficulties
 Mental health difficulty
 Moderate learning difficulty
 Severe learning difficulty
 Dyslexia
 Dyscalculia
 Autism spectrum disorder
 Asperger's syndrome
 Temporary disability after illness (for example post-viral) or accident
 Other physical disability
 Speech, language and communication needs
 Other medical condition (for example epilepsy, asthma, diabetes) please state:
 Other specific learning difficulty (e.g. dyspraxia), please state:
 Other learning difficulty
 Other disability
 Prefer not to say

I may need help with reading, writing, maths or coursework Yes

Are you living in the care of social services? Yes

Have you ever been granted exam concessions in the past? Yes

Are you a care leaver? Yes

Have you ever been given support with exams? Yes

Are you a young carer? Yes

Have you ever received free school meals? Yes

Are you aged 19+, applying for an eligible course and intend to apply for or require information about Advanced Learning Loans? Yes

Do you have a household income of under £22,000 and intend to apply for financial support? Yes

*Do you have any spent or unspent criminal convictions, any outstanding court proceedings, or are you on any offenders register? Yes (1) No (2)

*If you declare that you have a conviction, you will be contacted for further information. This information will help us assess any potential risks to yourself or others at college. Having a criminal record will not necessarily prevent you studying at college but will depend on the nature of the course and the circumstances of the offence. If you do not disclose a conviction then this can result in disciplinary action or being asked to leave the College.

5. Declaration and Date Protection Please complete

I understand that the information I have given is correct to the best of my knowledge. I will update the college if any of my personal details (e.g. address) changes. I consent for the information provided on the application form to be processed and held by SGS College. Information may be shared for statistical purposes with funding agencies such as the ESFA. SGS is committed to principles of the Data Protection Act 1998.

As part of our Admissions Process, SGS College will send you information and communications relating to your application by email, text and by post.

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

Please return the completed form to:
**Admissions, SGS College, Stroud Campus,
 Stratford Road, Stroud, GL5 4AH**

Signature Date

If under 18, parent/guardian signature



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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**

**FREEPHONE: 01453 761165 and 01453 761225
email: info@sgscol.ac.uk
admissions@sgscol.ac.uk
www.sgscol.ac.uk**