

**Sixth Form Centre
 Portslade Community College
 High Street
 Portslade
 Brighton
 BN41 2PG**



Please complete this form clearly and return to the above address

1. Personal Details

Last name First name/s

Date of Birth Sex M/F Nationality

Home Address

..... Post Code

Tel. No Mobile

2. Name of Parent/Guardian (please use block capitals)

(Mr Mrs Ms) First name Last name

Are you currently living with your parents? (delete accordingly) YES/NO

3. Ethnic Origin

Which of the following would best describe your ethnic origin? Please tick.

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other-Asian	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

(This information is required for monitoring purposes and will not be used by the college for admission purposes).

4. Additional Learning Support

Have you had any additional learning support e.g. extra help, examination concession, etc., please specify or add a confidential report if preferred.

Please continue over the page

5. Present Course

Please List subjects you are currently studying give results of any exams already taken.

Subjects studied	Result	Level	Subjects studied	Result	Level

6. Subjects you are interested in studying at College.

Subject	Level (AS/A level AVCE,GCSE etc)	Subject	Level (AS/A level AVCE,GCSE etc)

7. Career interests

Please give any career fields, which may interest you.

a)	b)
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8. Other interests and activities

e.g. societies, sports, team membership, hobbies, etc.

qualifications gained: e.g. music, swimming, golfing, etc.

9. Special medical circumstances (or enclose a confidential letter)

10. Where did you hear about us? e.g. school, local press, internet, friend.

Signature of applicant Date