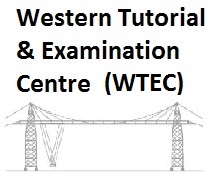
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**COURSE APPLICATION FORM**If you do not receive an acknowledgement within 5 working days, please contact us

Please complete all relevant sections of this application form. If you are applying for a short course (business focussed, or wellness and mind, or other evening lectures and meetings), you will not need to complete everything. All details that you provide are treated in confidence, and the information is securely stored in accordance with our Data Protection Policy (available on request).

**General Information (all courses)**

|  |  |
| --- | --- |
| Date of Application: |  |
|  |  |
| Course applied for, and subjects: | **A-level / GCSE / other**  **Course name or subject(s)** |
|  |  |
| When do you hope to begin your course of study? | **September 20 / January 20**  **Another date (please specify)** |
|  |  |
| Date of birth: |  |
|  |  |
| First name(s) and title: | Mr / Miss / Ms / Mrs / Other |
|  |  |
| Last name: |  |

|  |  |
| --- | --- |
| Home address: | **Country:** |
| Postcode/Zip: |  |

|  |  |
| --- | --- |
| Email: |  |
|  |  |
| Home phone number: |  |
|  |  |
| Mobile phone number: |  |
| Names of parents/guardians (if under 18): |  |
|  |  |
| Contact number(s) for parents/guardians: |  |

|  |  |
| --- | --- |
| Nationality: |  |

**If you are a British citizen, please ignore the**

**next 3 questions**

|  |  |
| --- | --- |
| Usual country of residence: |  |
|  |  |
| Do you have a visa or leave to remain in the UK? |  |
|  |  |
| If you have a visa, when does it expire? |  |
|  |  |

**Overseas students:**

Please note that we cannot apply for tier 4 sponsorship, so it is important that you have a suitable visa or leave to remain in the UK

In order that we are aware of any particular educational/health or other issues you may have that could require special consideration, please delete as appropriate from this list.

|  |  |
| --- | --- |
| Visual impairment | **Yes / No** |
| Heart condition | **Yes / No** |
| Diabetes | **Yes / No** |
| Dyslexia | **Yes / No** |
| Have you had learning support before? | **Yes / No** |
| Do you have or have you ever had a statement of educational needs? | **Yes / No** |
| Other learning difficulties | **Yes / No** |
| Do you carry any routine/prescribed medicines? | **Yes / No** |
| Do you have any allergies? | **Yes / No** |
| Hearing impairment | **Yes / No** |
| Mobility difficulties | **Yes / No** |
| Emotional/behavioural difficulties | **Yes / No** |
| Asthma | **Yes / No** |
| Have you had extra time or reader or scribe for exams before? | **Yes / No** |
| Speech difficulties | **Yes / No** |
| Epilepsy | **Yes / No** |

If you answered ‘yes’ to any of the statements above, please give further details here. Please also tell us about anything else that you feel we need to know, to help make your time with us a success.

|  |
| --- |
|  |

**Your Previous / Current Education (only for GCSE / A-level courses)**

Please list your educational qualifications (for example, GCSEs, A Levels, BTECs, Access etc

|  |  |
| --- | --- |
| Most recent or current College / School / Other: |  |
| From: |  |
| To: |  |

Qualifications from the above (including subject and awarding body, grades and/or predicted grades)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Previous College / School / Other (year 9 upwards): |  |
| From: |  |
| To: |  |

Qualifications (including subject and awarding body, grades and/or predicted grades)

|  |
| --- |
|  |

**Reference Details (only for GCSE / A-level courses)**

We may need to ask your current / most recent school / college / institution for a reference. Please provide their contact details below. All references are treated in confidence.

|  |  |
| --- | --- |
| Name / position of contact: |  |
|  |  |
| School / College / Institution and Address: |  |
|  |  |
| Telephone: |  |
|  |  |
| Email: |  |

**Additional Information**

Please tell us a bit about yourself and your reasons for wanting to take the course – thank you. This should help us tailor courses to your needs, so include anything you consider to be relevant.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| How did you find out about WTEC? |  | |
|  |  | |
| Personal enquiry | | Yes / No |
| Our website | | Yes / No |
| School / College | | Yes / No |
| Employer | | Yes / No |
| Other agency (please specify...........................................................) | | Yes / No |
| Recommendation | | Yes / No |
| Open Day | | Yes / No |
| Radio | | Yes / No |
| Mailshot | | Yes / No |
| Newspaper/magazine | | Yes / No |
| Poster/Leaflet | | Yes / No |
| Exhibition | | Yes / No |

|  |  |
| --- | --- |
| Do you have any criminal convictions or pending court cases? | Yes / No |

I declare to the best of my knowledge the information I have given is a true and correct record and I give my consent for you to process this in accordance with the Data Protection Act 1998. Please tick

**When complete, please email or post this application form to:**

**[principal@westerntutorialcollege.co.uk](mailto:principal@westerntutorialcollege.co.uk)**

**Western Tutorial & Exam Centre, 1st and 2nd floors, Bridge Street, Newport, NP20 4AN**

We do hope that you are able to study with us, and look forward to welcoming you soon

-- *your bridge to success --*