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**EXAM ENTRY 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)**

**Exam details**

|  |  |
| --- | --- |
| Exam series and year: | **Autumn / Summer 202…..** |
|  |  |
| A-level or GCSE (delete as necessary)Subject(s) you want to be entered for:If GCSE Maths or Sciences, please state level(foundation or higher) | **A-level / GCSE****Subject(s)** |
|  |  |
| Exam board  | **AQA /**  |
| **Your details** |  |
| Date of birth: |  |
|  |  |
| First name(s) and title: | Mr / Miss / Ms / Mrs / Other |
|  |  |
| Last name: |  |

|  |  |
| --- | --- |
| Home address (for certificate): | **Country:** |
| Postcode/Zip: |  |

|  |  |
| --- | --- |
| Email (for exam correspondence): |  |
| UCI number (this is a long 12 digit number with a letter at the end, and can be found on any recent GCSE, A-level certificate or results statement. DO NOT WORRY if you do not have a UCI number, as we can allocate a new UCI for you. |  |
|  |  |
| Mobile phone number: |  |
| Names of parent / guardian / suitable other (in case of emergency): |  |
|  |  |
| Contact number (in case of emergency) |  |

**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 when you site your exams.

|  |
| --- |
|  |

Please state your gender (delete as necessary):  **MALE / FEMALE / OTHER**

|  |  |
| --- | --- |
| **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:**

**exams@westerntutorialcollege.co.uk**

**Western Tutorial & Exam Centre, 1st and 2nd floors, 21 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 --*