**Please complete all sections**

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| **A: Personal Details** |
| Surname /Family Name: |  | Title (Mr/Mrs/Ms/Miss) |  |
| Forename(s): |  |
| Date of Birth: |  | Age |  |  | [ ]  Male | [ ]  Female |
| Permanent Home Address: |  |
| Country: |  | Postcode |  |
| Telephone: |  | E-mail |  |
| Nationality: |  | Country of Birth |  |

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| **B: Qualifications and Examinations** |
| Provide details of all qualifications taken to date; including any AS/A levels. If you are applying for Year 2 please provide details separately of the awarding body (exam board) you have followed in Year 1 and the topics you have studied, including practical work if applicable |
| Month/Year | Exam Board | Qualification | Subject | Result |
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| Please provide details of your current/previous school or college for reference purposes: |
| Name of Institution: |  |
| Address: |  |
| Contact name (Personal Tutor or Head of Year): |  | Email: |  |

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| **C: Course choices** |
| Please indicate the programme you would like to study: |
| Please list the individual subjects you wish to study: |
| 1. |  | 2. |  |
| 3. |  |  |

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| **D: Reasons for late application** |
| Explain your reasons for applying at this stage and for this programme of study, including any relevant experience, educational goals/interests and future career aspirations. |
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| **E: Additional Support Needs** |
| If you have a disability or additional need we ask you to tell us about it so that we can make reasonable adjustments to support you on your course. The College will treat such information with respect and ensure appropriate confidentiality is preserved. Information you give will only be shared with your agreement, and with appropriate individuals. **Disclosing a disability will not result in unfair treatment or discrimination, nor jeopardise your place at the College.** |
| Do you have a disability or learning difficulty? | [ ]  Yes | [ ]  No |
| If yes, our Welfare & Skills team will contact you to discuss this further. Please let us know the best way to contact you: |
| [ ]  By email | [ ]  By telephone. Preferred contact number:  |  |

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| **F: Declaration** |
| I declare that to the best of my knowledge, all of the information provided in this application is accurate and true. I understand that the information on this form will be held on file in accordance with the Data Protection Act 1998 and other associated legislation.  |
| Signature |  | Date: |  |

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| **Please send your completed application to:****admissions@wqe.ac.uk** |