APPLICATION FORM

First choice course code_ Please complete this form using blue or black ink and in block capitals. Second choice course code Return it to: Date entered_ Admissions Team Bridgwater & Taunton College, Taunton Campus, Wellington Road, Signature_ Taunton, Somerset, TA1 5AX Legal Name (First & Surname) Known as Name Date of birth D D M M Y Y Female Preferred Gender Non binary Address Postcode Mobile tel Home tel Name of current or previous school or college and year of leaving When you have made your application we would like to contact you by email. Please enter your email address and check your emails on a regular basis. Please note, we are unable to contact you on your school email address, you must provide a personal email address. Personal email Nationality Is English your first language? Have you been a resident in the EEA for the last three years, not solely for study purpose? No If no, please enter the date you entered the EEA DDMMMYYY Which course(s)/apprenticeship are you applying for? Please refer to the prospectus for title. If your first choice is an Apprenticeship, please apply for a full-time study programme as your second choice 1st choice 2nd choice If you are applying for A Levels or the International Baccalaureate Diploma (IB), please state the subjects you are interested in. 3 4 (IB only) If applying for an Apprenticeship, have you found an employer? Yes If yes, what is the company or your employer's name? Please briefly tell us why you have chosen this course(s)/Apprenticeship. Where would you like to study? Bridgwater campus Taunton campus Cannington campus Are you currently a full-time student at Bridgwater & Taunton College? Yes No If still at school, are you currently attending a programme at College? Yes No





For office use only

WHO DO YOU LIVE WITH? Please tick the relevant box		
	A nother adult (in factor carer alde	r sister/hrather)
Mother and/or father I live on my owl Parents'/guardians'/carers'/next of kin's name(s)	n Another adult (ie. foster carer, olde	r Sister/ brother)
Name		
Address (if different from previous)		
Address (If different from previous)	Postcode	
Tel	Email	
	Liliali	
Name		
Address (if different from above)	D. d. d.	
	Postcode	
Tel	Email	
Name		
Address (if different from above)		
	Postcode	
Tel	Email	
Name		
Address (if different from above)		
ADDITIONAL SUPPORT		
Do you need additional support with your studies?	Yes No	
To help the College provide the best support for you, ple	ase tick the boxes below if you consider yourself to	have any of the following:
Autism Spectrum Disorder	Visual impairment	Hearing impairment
Asperger's Syndrome	Profound/complex disabilities	Emotional/behavioural difficulties
Severe learning difficulty	Dyslexia	Dyscalculia
Dyspraxia	ADHD/ADD	Mental health difficulty
Multiple learning difficulties	Mobility difficulty	Anxiety issues
Temporary disability (eg illness/accident)	Physical condition (eg epilepsy, asthma)	Moderate learning difficulty
Multiple disabilities	Other	
ETHNIC ORIGIN		
White	Asian/Asian British	Mixed/Multiple Ethnic Group
British (English/Welsh/Scottish/Northern Irish)	Indian	White and Black Caribbean
Irish	Pakistani	White and Black African
Gypsy or Irish Traveller	Bangladeshi	White and Asian
Any other White background	Chinese	Any other mixed/multiple ethnic black
	Any other Asian background	
Black/African/Caribbean/Black British	Other Ethnic Groups	
African	Arab	
Caribbean	Any other ethnic groups	
Any other Black/African/Caribbean Black		
CONTACT PERMISSION		
We would like to send you information about other courses, by email, post, SMS, phone and other electronic means. We other companies for marketing purposes.		
Please let us know if you would like us to contact you or not by selecting one of the following options:		
Yes please, I'd love to hear from you. No thanks, I don't want to hear about offers and services		
To please, it a love to hear from you.		

PRIVACY NOTICE

If you are aged under 19, the information you provide may be shared with your Parents/Carers, current School and the Careers Service, during and after the application process. Some of the information you supply will be used by the Skills Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Skills Funding agency may share your ULN and Personal Learning Record with other education related organisations such as your careers service, school, college, university, Government Departments and public bodies responsible for funding your education. Further details of how your information is processed and shared is available on the following website:

www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents

PLEASE RETURN THIS FORM

Admissions Team