

University Technical College Warrington, Dallam Lane, Warrington, WA2 7NG

## 2019 - 2020 Application Form

If you would like to apply for a place at University Technical College Warrington from September 2019, please complete <u>all</u> relevant sections.

If you find it difficult to fill in, please ask for help or contact us on **01925 737067.** 

E-mail: info@utcwarrington.org
Web: www.utcwarrington.org

## Please complete this form in BLOCK CAPITALS using a black or blue ball point pen

Thank you for applying to join University Technical College Warrington in September 2019

Upon completion of this application form, please return to:

Marketing & Admissions
UTC Warrington
Dallam Lane,
Warrington,
WA2 7NG

## Marketing

How did you hear about UTC Warrington? (please mark all that apply)									
Word of mouth		Newspaper advert		Online advert		Facebook			
Prospectus		Website		Email		Twitter			
Previous school		Outdoor advert		Local Authority Letter		Instagram			
Careers event		Other (please state)							
Why have you chosen to apply for a place at UTC Warrington? (please mark all that apply)									
Work placement opportunities				The qualifications offered					
To specialise in engineering				Partnerships with employers					
Location of the school				Looking to change schools					
Style of teaching				Smaller class sizes					
Other (please state)									

See www.utcwarrington.org for full application terms & conditions

Please complete this form in BLOCK CAPITALS using a black or blue ball point pen								
First Name(s): Surname: Middle name(s): Gender: Male Female Other Date of Birth: Your age at 31/08/19  Please indicate whether you are applying for a Year 10 Year 12 What is the name of your current school?  Address:	What is your nationality?  *Optional question  Have you been a resident in the UK for the last 3 years?  Yes No  If no, which country?  Date of entry into the UK:  Please indicate your ethnicity:  *Optional question  White  English / Welsh / Scottish / Northern Irish / British  Irish  Gypsy or Irish Traveller  Any other white background  Mixed / Multiple ethnic group							
	Black and White Caribbean							
Postcode:	Black and White African							
Home Tel:	White and Asian							
Mobile Tel:	Any other mixed / multiple ethnic background							
Email:								
	Asian / Asian British Indian							
Next of Kin / Parent Contact Details	Pakistani							
Title (Mr/ Mrs/ Ms / Miss):	Bangladeshi							
First Name(s):	Chinese							
Surname:								
Relationship:	Any other Asian background							
Gender: Male Female	Black / African / Caribbean / Black British							
Address:	• African							
	Caribbean							
	Any other black / African / Caribbean background							
Postcode:	<u>Other</u>							
Home Tel:	Arab							
Mobile Tel:	Any other ethnic group							
Email:	Not known							

Student Name:			
Additional Support	Welfare and Safeguarding		
Please indicate if you have any diagnosed additional support requirements:	Are you involved with any outside agencies?  E.g. CAMHS, Social Care, Lead Social Worker, CIN Plan, CP Plan, EHA (Early Help Assesment)  Yes  No		
Yes* No * If Yes, please indicate below:  NB: Any disclosure of the following points will be used to help us ensure that we make any reasonable adaptations that would support you in your course.  EHC Plan  Visual impairment/Irlen Syndrome  Hearing impairment	If yes, please state the name of the Lead Professional:  Please state if you have any behavioural issues that affect your schooling or if you have had any exclusions:		
Disability affecting mobility			
Other physical disability	Joining UTC Warrington		
Other medical condition (e.g. epilepsy, asthma, diabetes, epipen etc)	Which subject options are you most interested in studying at UTC Warrington?		
ADHD/ADD			
Mental health difficulty			
Temporary disability after illness or accident			
Profound complex disabilities			
Aspergers syndrome			
Multiple disabilities	Why have you chosen to apply for a place at UTC		
Moderate learning difficulty	Warrington?		
Severe learning difficulty			
Dyslexia (diagnosed)			
Dyscalculia			
Other specific learning difficulty			
Autism spectrum disorder			
Multiple learning difficulties	What career options are you interested in following		
• Other	in the future?		
Do you wish to discuss your needs with an appropriate member of staff?:  Yes*  No			
Please provide further details of disabilities, medical conditions and / or learning difficulties here, including any undiagnosed concerns:			
	Would you be interested in taking up an apprenticeship after you complete your studies at UTC Warrington? Yes No Unsure Are you interested in attending university after you		
	complete your studies at UTC Warrington?  Yes No Unsure		

Please complete this form in BLOCK CAPITALS using a black or blue ball point pen								
Are you a child in care or have you formerly been	,	res No						
Do you qualify for Free School Meals? (Applicable	res No							
Do you suffer from any allergies? Yes* No								
*If Yes, please state here:								
Are you on any long term medication?  Yes*								
*If Yes, please state here:								
Please provide your current doctor's surgery details here:								
Doctor's Name:								
Surgery Name:								
Address:								
		Postcode:						
This section to be com	pleted by Year 1	2 applicants only						
Subject Taken	Type e.g. GCSE	Year exam (to be)taken	Predicted Grade					
Student Declaration (	to be completed	by all students)						
I certify that the information I have provided is correct. I consent to UTC Warrington requesting a reference from the information I have provided on this form and sharing relevant information with the Local Authority.								
I agree to UTC Warrington processing personal data, contained in this form, or other data which UTC Warrington may obtain from me or other people. I agree to the processing of such data for purposes connected to my application or my health and safety, or for any other legitimate reason.								
I acknowledge that the terms and conditions of enrolment are available on the University Technical College Warrington website (www.utcwarrington.org).								
I understand that the information I have provided will be stored by the UTC and may be used to contact you with information about your application, newsletters, and other marketing material related to UTC Warrington.								
Student Signature:		Date:						
For office uses								
	or office use:							
Inputted by (Print Name):		Date:						