

Application Form 2013

All applications must be returned by 14 December 2012

Personal Details	
Surname (As shown on your passport / birth certificate)	<input type="text"/>
Known as Surname (If different to above)	<input type="text"/>
Forename(s) (As shown on your birth certificate)	<input type="text"/>
Known as Forename (If different to above)	<input type="text"/>
First Language	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth <input type="text"/>

Home Address	
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Home Telephone Number	<input type="text"/>
Student Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Current School	
Current school	<input type="text"/>
Tutor/Form group	<input type="text"/>
If you have attended any other school since you were 11 years old, please give us the name and location of that school	
<input type="text"/>	

Siblings	
Do you have a brother or sister currently studying at Peter Symonds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES enter details below.	
Their Name	<input type="text"/>
Their tutor group	<input type="text"/>

FOR COLLEGE USE ONLY

Date received

Application Entered

Application Code:

Study Support

We are committed to meeting the needs of students with learning difficulties, disabilities and medical conditions. The information you supply here will enable us to establish your support needs.

Do you have a learning difficulty such as dyslexia or have you received additional help at school? Yes No
(If **Yes** please enclose a copy of your assessment report)

Do you have a physical or sensory impairment? Yes No

Do you have a medical condition? Yes No

Do you have access arrangements for exams? Yes No
For example, extra time, use of word processor, or scribe, reader or smaller room.
(If **Yes**, please enclose evidence of this provision from your school.)

Do you have a Statement of Special Education Needs? Yes No

Will you be completing an S139a Moving on Plan or Student Transition Plan (STP)? Yes No

If you have answered YES to any of the questions above, please give further information on a separate sheet. If you wish to discuss the nature of the information that you should provide, please contact Admissions on 01962 857555 or email admissions@psc.ac.uk. If you would like this form in an alternative format, again please contact us.

Further Information

Do you have a passport? Yes No

If Yes, is it a UK/EU passport? Yes No

If it is not a UK/EU passport, what is your nationality?

Have you lived in the UK for the past 3 years? Yes No

Are you supported by other agencies e.g. Children's Services? Yes No

Are you support by C.A.M.H.S? Yes No

Are you involved in caring for a member of your family or household who has a disability or long-term health problem? Yes No

Have you ever been convicted of any criminal offence? Yes No
If **Yes**, please give details below

Contact Details who do you live with?

Please give us details of your parent(s) or guardians(s) who live with you at your home address:

Title and Name

Their relationship to you

Work number

Mobile number

Email address

Your Ethnic Group (please tick)

White	Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/Black British/Caribbean
English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black/ African Caribbean Background <input type="checkbox"/>
Any Other White Background <input type="checkbox"/>	Any Other Mixed/ Multiple Ethnic Background <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Ethnic Group
		Any Other Asian Background <input type="checkbox"/>	Arab <input type="checkbox"/>
			Any other Ethnic Group <input type="checkbox"/>

Interests

Please briefly tell us about any hobbies or interests that you have, any work experience or voluntary work you have done, any ideas on future careers or anything that you think we may be interested to know about you. Please attach an additional sheet or personal statement if you wish to.

Signature of Applicant: Signature of parent

All applications must be returned by **Friday 14 December at 4pm** to Julia Anderson, Head of Admissions, Peter Symonds College, Owens Road, Winchester, SO22 6RX.

If you are applying for a boarding place, please complete and return a separate boarding application form.

The college reserves the right to refuse admissions. **Data Protection Act (1998) Requirement:** The information you give us on this form will be put onto our computer system and used for college purposes only. It will also be shared with the Local Authority and the Education Funding Agency.