

If you are completing this form by hand, please use **BLOCK CAPITALS**

If you are 18 or under, please complete the form with your parent/carer.

The information provided is confidential and will be used to process your application accurately and efficiently, for further information on how we use and store personal and sensitive information please refer to our website <https://www.pureinnovations.co.uk/about/pure-innovations-privacynotice/>

Personal Details

Please give your full name as shown on your Passport or Birth Certificate

Forenames:

Surname:

Date of Birth:

Age on 31st August

Gender

Address

.....

..... Post Code

Home Phone Number Student Mobile Number

Student email address (or best email address to use).....

Country of Birth Nationality

Ethnicity Have you lived in the UK for the last three years? Y / N

<https://www.gov.uk/government/publications/advice-funding-regulations-for-post-16-provision/advice-funding-regulations-for-post-16-provision-2023-to-2024#student-eligibility>

Parent/Carer Details

Name of Parent/Carer Relationship to you?

Parent/Carer phone number Parent/Carer email address

Address if different to yours

Additional Emergency Contact Details

Name Relationship to you?

Phone number Email address

More About You

What do you like to do in your spare time?

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.....

.....

What are you most proud of at school/college? And/or at home?

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.....

Have you had good attendance and punctuality at your previous school/college?

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Support Details

Do you have a difficulty or disability? Y / N

If yes, please tick below which apply to you (you may tick more than one)

- | | |
|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Asperger’s Syndrome | <input type="checkbox"/> Other Physical disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Social emotional & Mental Health difficulties |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Speech, language and communication needs |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other medical condition (i.e. asthma, diabetes) |
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Other learning difficulty | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Profound / complex difficulties | |

Please give further details

.....

.....

Please tell us what support and adjustments you may need for: -

Your initial meeting with us?

.....

When you come to college i.e. do you have any medical needs, special dietary requirements, require specialist equipment or personal care needs?

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How do you currently travel to school/college?.....

Please tick if you are?

- | | |
|---|---|
| <input type="checkbox"/> Care Leaver | <input type="checkbox"/> Eligible for free school meals |
| <input type="checkbox"/> Young person in care | <input type="checkbox"/> Receiving any of the following benefits: - |
| <input type="checkbox"/> Young carer | <input type="checkbox"/> Income Support/ Universal Credit |
| <input type="checkbox"/> Young parent | <input type="checkbox"/> Employment and Support Allowance |

Consent

Does the local authority support your application?	Y/N
Do you give consent for us to contact your Local Authority for a copy of your EHC Plan?	Y/N
Do you give consent for us to contact your current School/College?	Y/N

Signatures

DECLARATION BY STUDENTS OVER 19

(if you are under 19 the parent/carer must sign the section below)

I have completed this application as fully as possible and all the information is correct to the best of my knowledge. I understand that Pure College may ask my current school or college for a reference and may ask for a report to support my application.

Student Signature Date.....

DECLARATION BY PARENT/CARER (required if the student is UNDER 19)

I have supported the above-named person to understand and help complete this form, the information given is complete and accurate to the best of my knowledge, and no information which may affect the safety and welfare of this person or others at the College has been withheld or omitted.

Parent/Carer Signature Date

Send completed Application Form to:- Enquiriespurecollege@pureinnovations.co.uk
Or Post Pure College Admissions, Office 14, 1A The Mailbox; 1 Exchange Street; Stockport; SK3 0GA

For official use only

Date Pure Received Staff Name

