

Please complete all sections (1 to 8)

Section 1					
Personal Details (Please provide your legally registered names)					
Surname/Family Name:		Title: (Mr/Mrs/Miss/Ms)			
Forename(s):					
Date of Birth:		Age on 31 st Aug (in year of entry)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Correspondence Address & Phone Numbers:					
House Name/Number					
Street:					
District:		Town/City:			
County:		Post Code:			
Telephone Number:		Evening Telephone:			
Mobile Number:		Student Email:			
Home Address (If Different To Above):					
House Name/Number:					
Street:					
District:		Town/City:			
County:		Post Code:			
Emergency Contact Details					
Emergency Contact Name 1:		Relationship:			
Contact Number:		Contact Email:			
Emergency Contact Name 2:		Relationship:			
Contact Number:		Contact Email:			
Nationality/Residence					
Country of Birth:		Nationality: e.g. British, French			
First Language:		Home Language:			
Have you lived outside the U.K. during the last 3 years?	Yes: <input type="checkbox"/> Please complete the following questions...			No: <input type="checkbox"/>	
What was your country of residence?					
Date of entry into the UK		Are you a refugee or Asylum Seeker?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

Ethnicity – How would you best describe yourself?				
White British		White & Black African		Gypsy or Irish Traveller
White Irish		White & Black Caribbean		Any Other Asian Background
White Asian		Black African		Any Other Black Background
Chinese		Black Caribbean		Any Other Ethnic Group
Bangladeshi		Irish		Any Other Mixed Background
Indian		Pakistani		Any Other White Background
Religion (please tick)				
Buddhist		Jewish		No Religion
Christian		Muslim		Other Religion
Hindu		Sikh		Refused

Section 2				
Current Educational Establishment				
Current School/College:				
Address:		Post Code:		
Dates Attended (mm/yy):	From:		To:	
Previous Educational Establishment				
Previous School:				
Address:		Post Code:		
Dates Attended: (mm/yy):	From:		To:	

Current Subjects Being Studied/Qualifications Already Obtained

Please list all subjects taken, whatever the result, in chronological order starting with the most recent. If you are awaiting the result of any examination recently taken, please write PENDING in the results column followed by your predicted grade in brackets.

[illegible]

Section 3

Special Educational Needs & Medical information

If you have a disability, learning difficulty, or additional need please indicate in the boxes below so that we can arrange the necessary support for you on your course. Any information is treated as confidential and will only be shared with any relevant people with your agreement. Please be assured that by providing any information this will not jeopardise your application.

Visual Impairment		Autistic Spectrum Disorder	
Hearing Impairment		Physical Disability – Please provide more information below	
Dyslexia		Speech & Language Difficulties	
Dyspraxia		Other – Please provide more information below	
Additional Information:			

Section 4

Work Experience

Please give brief details about any work experience, training and employment. Continue on an additional sheet if necessary.

Job Title Nature of work/training	Name of organisation	Full or part time	From (month/year)	To (month/year)

Section 5

Personal Statement

Please attach a personal statement written by you to this application form. The statement must not be longer than one side of A4 paper. ENSURE THAT YOU HAVE READ THE GUIDANCE NOTES before completing this section.

☐ Please tick to confirm that you have attached a personal statement written by you

Section 6

References

Please give the name and address of a person who can provide you with a reference. ENSURE THAT YOU READ THE GUIDANCE NOTES before completing this section.

Name of referee:	Address:
Telephone Number:	
Email Address:	
Post/Occupation/Relationship to you:	Post Code:

Written Reference

Please attach a written reference from your named referee. ENSURE THAT YOU AND YOUR REFEREE HAVE READ THE GUIDANCE NOTES before completing this section.

☐ Please tick to confirm that you have attached a reference written by your named referee

Section 7

Is MV16 Your First Choice?

Is MV16 your first choice to study Art Foundation?

Yes: ☐ No: ☐

If your answer is no, please provide details of where your first choice is. This will not jeopardise your application with us.

Name of first choice college/university:

Section 8

Declaration – This section must be completed

Please complete this form as fully as possible. The information will be used for administration purposes within MV16. Because of the Data Protection Act 1988 we need your consent before it can be used. Applicant information may be disclosed to Connexions and other agencies for the production of statistics and in some circumstances to assist with processing of the application. Disclosure is carefully controlled by our Data Protection Policy which is available on our website. We ask you to confirm that you agree to MV16 using the data for its legitimate purposes.

I confirm, that to the best of my knowledge, the information given in this form is correct and complete. I agree to abide by the conditions set out in the 'Notes for Guidance' document.

Please tick here to confirm that you agree: ☐

Signature: _____

Date: _____

Please return completed application forms and supporting documents to :
admissions@mv16.org.uk

or by post to:

Admissions
Melton Vale Sixth Form College
Burton Road
Melton Mowbray
Leicestershire
LE13 1DN