

Course code:

Person code:

**Abingdon  
& Witney  
College**

# Application for admission 2024/25

## About you

Surname:  Forename: Home Address:  Postcode: Mobile Tel. No.:  Landline No.: Email: Male ☐ Female ☐Have you lived in the UK/ European Economic Area (EEA) for the 3 years prior to this application? Yes ☐ No ☐National Insurance Number  Date of Birth (dd/mm/yy)  /  / 

## Your course choice *Note: You may be contacted to discuss your options.*

I wish to apply for the following course/subject as described in the full time prospectus.

  
Campus choice: Abingdon ☐ Witney ☐ Common Leys ☐ *Please tick appropriate choice*Please tick this box if you are not yet certain about which course or subject you would like to apply for but would like to talk to someone about the options that might be available to you. ☐

## Your previous education

Please let us know what grades you have achieved or are predicted to achieve in the following subjects

Subject	Type of qualification, e.g. GCSE/Functional Skills/BTEC	Predicted grade	Achieved grade	Achieved date
English Language				
Maths				
Science				

Please give the name of the most recent school or college you attended:

# Additional Student Support Requirements

The College takes all reasonable steps to ensure that any student with a disability or learning difficulty will not be treated any differently to other students, and will make realistic adjustments where possible. You may choose not to disclose any disability/learning difficulty that you have, but this could mean that we are not able to support you as fully as we'd like with your studies.

Do you consider yourself to have a learning difficulty, disability or medical condition? Yes ☐ No ☐

If yes, how would you describe your condition? **Please tick below as appropriate**

## DISABILITY

- |  |   |
|--|---|
| <input type="checkbox"/> Visual impairment             | <input type="checkbox"/> Profound complex disabilities                  |
| <input type="checkbox"/> Hearing impairment            | <input type="checkbox"/> Mental health difficulty                       |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Temporary disability after illness or accident |
| <input type="checkbox"/> Other physical disability     | <input type="checkbox"/> Multiple disabilities                          |
| <input type="checkbox"/> Other medical condition       | <input type="checkbox"/> Any other: _____                               |

## DIFFICULTIES

- |   |  |
|---|--|
| <input type="checkbox"/> Moderate learning difficulty       | <input type="checkbox"/> ADHD (Attention deficit disorder) |
| <input type="checkbox"/> Severe learning difficulty         | <input type="checkbox"/> Autism spectrum disorder          |
| <input type="checkbox"/> Dyslexia                           | <input type="checkbox"/> Asperger's syndrome               |
| <input type="checkbox"/> Dyscalculia                        | <input type="checkbox"/> Multiple learning difficulties    |
| <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Any other: _____                  |
| <input type="checkbox"/> Emotional/behavioural difficulties |  |

Will you require any alternative arrangements to assist you at interview? Yes ☐ No ☐

If yes, please list: \_\_\_\_\_

Are you receiving, or have you previously received additional support in your studies e.g. extra time in exams or a support worker?

Yes ☐ No ☐ If yes, please list: \_\_\_\_\_

Do you have a current Educational Health Care Plan (EHCP)? Yes ☐ No ☐

Do you have any criminal convictions, cautions/court cases pending? (Required). Yes ☐ No ☐

**If you have any additional questions regarding your application you can always call admissions on: 01235 216 400.**

## Signatures

Signature of applicant: \_\_\_\_\_ Date [dd/mm/yy] ☐☐☐ / ☐☐☐ / ☐☐☐

Please return the completed form to Admissions at either the Abingdon or the Witney campus:

**Abingdon Campus:** Freepost OF1653, Abingdon, OX14 1GG | **Witney Campus:** Freepost SCE13942, Witney, OX28 6BR

**Parental approval for applicants under 16 on date of application.** I approve this application for a post-16 course.

Name (Parent/Guardian): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_

## Data Protection

The College's Privacy Statement can be found at: [www.abingdon-witney.ac.uk/data-protection-privacy-policy](http://www.abingdon-witney.ac.uk/data-protection-privacy-policy). This statement gives our basis for collecting student information, how we use it and also gives contact details for the Data Protection Officer. It also states out the Education and Skills Funding Agency Privacy Statement.

**It is recommended you read this document before giving any personal information.**

**Abingdon & Witney College aims to promote equal opportunity for all those who wish to work and study here.**