Course code:

Person code:



## **Application for Admission 2026/27**

About you	ı			
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 Bi	rth (dd/mm/yy)	1 1	
	rse choice Note: You may be contacted to discuss y the following course/subject as described in the full time prospe			
Campus choice:	Abingdon Witney Common Leys	Please tick ap	propriate choice	
	x if you are not yet certain about which course or subject you w that might be available to you.	ould like to apply for bu	t would like to tal	k to someone
Your prev	vious 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/BTE	EC Predicted grade	Achieved grade	Achieved date
English Language				
Maths				
Science				
Please give the na	me of the most recent school or college you attended:	·		

## Additional student support requirements

Do you consider yourself to have a learning difficulty, disability or medical condition?

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.

lf ye	es, how would you describe your condition	ո? <b>P</b>	lease tick below as appropriate			
DIS	ABILITY					
	Visual impairment		Profound complex disabilities			
	Hearing impairment		Mental health difficulty			
	Disability affecting mobility		Temporary disability after illness or accident			
	Other physical disability		Multiple disabilities			
	Other medical condition		Any other:			
DIF	FICULTIES					
	Moderate learning difficulty		ADHD (Attention deficit disorder)			
	Severe learning difficulty		Autism spectrum disorder			
	Dyslexia		Asperger's syndrome			
	Dyscalculia		Multiple learning difficulties			
	Other specific learning difficulty		Any other:			
	Emotional/behavioural difficulties					
_	you receiving, or have you previously receivable No If yes, please li		d additional support in your studies e.g. extra time in exams or a support worker?			
Do you have a current Educational Health Care Plan (EHCP)?  Yes No						
Do you have any criminal convictions, cautions/court cases pending? (Required).						
If y	ou have any additional questions reg	ara	ling your application you can always call admissions on: 01235 216 400.			
Signatures						
Sigr	nature of applicant:	Date [dd/mm/yy] / / /				
Plea	ase return the completed form to Admissi	ons	at either the Abingdon or the Witney campus:			
Abi	ngdon Campus: Freepost OF1653, Abing	don	, OX14 1GG   Witney Campus: Freepost SCE13942, Witney, OX28 6BR			
Par	ental approval for applicants under 16 c	on d	ate of application. I approve this application for a post-16 course.			
Name (Parent/Guardian):			Telephone No.:			
Sigr	ned (Parent/Guardian):					

## **Data Protection**

The College's Privacy Statement can be found at: 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 sets 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.