

PRE 16 APPLICATION FORM 2025/26

PLEASE RETURN TO: Kerry Hamilton, Curriculum Coordinator - Alternative Provision WEST THAMES COLLEGE



FOR COLLEGE USE ONLY Date Received:	Student Number:
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PLEASE FILL IN THE FORM IN BLOCK CAPITALS USING A BALL POINT PEN.

PART A - to be completed by the student and parent or guardian

1. ABOUT YOURSELF

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	First name	Surname
Your home address		
Town	Postcode	
Your date of birth / /	Your email address	

EMERGENCY CONTACT DETAILS

Name of parent or guardian	Home phone	Work phone
Mobile phone	Parent/guardian email address	

2. YOUR COURSE

PLEASE TICK ONE OF THE BOXES BELOW.

Trading Places (full time) – a course for Year 10 students only FreshStart (full time) – a course for Year 11 students only

3. STUDENT'S STATEMENT

Why do you want to take this course at West Thames College? (You can continue your statement on another page if you need more space.)

4. EXTRA SUPPORT FOR YOU

Do you have a physical or learning disability? Yes No

If yes, what kind of disability do you have? (for example, diabetes, epilepsy, difficulty with mobility, dyslexia, visual or hearing impairment, learning difficulty)

Do you have an EHCP (education, health and care plan)? Yes No

If yes, what needs do you have? (for example, SEMH)

5. EQUAL OPPORTUNITIES MONITORING

Please tick the box which best describes your ethnic origin. This information will help us monitor our applications in terms of equal opportunities.

<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> Black or Black British – any other Black background	<input type="checkbox"/> White – British
<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> White – any other White background
<input type="checkbox"/> Asian or Asian British – any other Asian background	<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Any other
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Not known / prefer not to say
<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/> Mixed – any other mixed background	

6. SIGNATURES

I hereby apply to become a student at West Thames College and declare that the information I have given on this form is correct.

Student's signature	Date
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I consent to this application to West Thames College for my son or daughter or young person in my care.

Parent or guardian's signature	Date
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The information you provide on this form will be treated in confidence and only used in accordance with the Data Protection Act 1998.

PART B - to be completed by the school

7. SCHOOL CONTACT/ORGANISATION DETAILS

Name of school/organisation	
Address	
Town	Post code
Phone	Email

FOR FRESH START APPLICANTS

Name of ESW/Link Worker	Job title
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Subjects currently being studied and predicted grades

PLEASE SEND A COPY OF YOUR EHCP IF APPLICABLE

8. KNOWLEDGE OF OTHER AGENCY INVOLVEMENT

	Involved?	Information obtained?	Comments
Child and adolescent mental health			
Educational services (eg educational psychology, learning mentor, EWO)			
Health			
Youth offending team			
Other (please specify – eg child protection, EBD etc)			

9. DOCUMENTATION

Please attach the following documents to this application:

- Student's record of attendance. Please note any particular circumstances.
- Tutor profile report. Please include details of:
 - Behaviour
 - Any aspects relating to the GCSE curriculum (eg, experiencing difficulty, feels it is not relevant to his or her needs)
 - How the student relates with peers and staff
 - The student's practical skills and academic skills
 - Student's ability to cope in a more adult environment.

Current attendance %

Free School Meals

Date valid			
From		To	

10. SIGNATURE / CONFIRMATION

I declare that the information I have given on this form is correct, and I recommend this student for the course at West Thames College. I will be responsible to pay all fees and associated support costs in respect of this placement.

Signature of school/organisation representative or ESW/Link Worker	Date
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The information you provide on this form will be treated in confidence and only used in accordance with the relevant data protection legislation.

OFFICE USE:

SLA Initial Date:

AA Initial Date: