

Saint David's Catholic College Coleg Catholig Dewi Sant

Ty Gwyn Road, Penylan, Cardiff, CF23 5QD
Tel: 029 2049 8555
Fax: 029 2047 2594
Website: www.st-davids-coll.ac.uk
Email: enquiries@st-davids-coll.ac.uk



New Student Application Form September 2010 Entry

Closing date for applications
Friday 12th February 2010

Please attach
2 passport sized
photographs here

For office use only

Student Reference

Application Number

Please complete this form using black or blue pen only

Personal Information

Title: Mr / Mrs / Miss / Ms

Date of Birth: DD/MM/YYYY

Surname: _____

Forename (s): _____

Gender: Male Female

Preferred name: _____

Previous School: _____ Date Leaving / Left: _____

Home Address: _____

_____ Postcode: _____

Tel No: _____ Student Mob No: _____

Email Address: _____

Next of Kin / Emergency Contact - This should be the name of a parent / guardian

Title: Mr / Mrs / Miss / Ms Full Name: _____

Relationship to Student: _____

NoK Address (if different from above): _____

Postcode: _____

Tel No: _____ Mobile No: _____

Email Address: _____

Personal Information (continued)

Please tick the appropriate boxes

Religion

<input type="checkbox"/> Anglican (Christian)	<input type="checkbox"/> Eastern Orthodox (Christian)	<input type="checkbox"/> Methodist (Christian)	<input type="checkbox"/> Sikh
<input type="checkbox"/> Baptist (Christian)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> No Religion
<input type="checkbox"/> Catholic (Christian)	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other (Christian)	<input type="checkbox"/> Other _____

Ethnicity

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Black Background
<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Other Mixed Background
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed White & African	<input type="checkbox"/> Other Ethnic Background
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed White & Caribbean	<input type="checkbox"/> White
<input type="checkbox"/> Indian	<input type="checkbox"/> Other Asian Background	<input type="checkbox"/> Information Refused

Are you a UK Citizen?: Yes No

If 'No' please state nationality on Passport: _____

Have you lived in the UK/EU continuously for the last 3 years?: Yes No

Nationality

<input type="checkbox"/> British	<input type="checkbox"/> Scottish
<input type="checkbox"/> English	<input type="checkbox"/> Welsh
<input type="checkbox"/> Irish	<input type="checkbox"/> Other _____

First Language Spoken

<input type="checkbox"/> English
<input type="checkbox"/> Welsh
<input type="checkbox"/> Other _____

Welsh Speaking

<input type="checkbox"/> Fluent Welsh Speaker
<input type="checkbox"/> Welsh Speaker Not Fluent
<input type="checkbox"/> Not Welsh Speaker

Preferred Language of Learning

<input type="checkbox"/> English
<input type="checkbox"/> Welsh
<input type="checkbox"/> Other _____

Do you have, or have you ever had, a brother or sister at Saint David's Catholic College?

Name: _____ Personal Tutor: _____

Medical Information

In case of emergency, we need your doctor's details. We also need to be aware of any medical condition or disability, or any learning support requirements you may have

Doctor's Details

Name: _____ Tel No: _____

Address: _____

Please indicate in order of significance any medical / learning support issues you may have

Medical / Learning Support:

<input type="checkbox"/> Autistic spectrum disorder	<input type="checkbox"/> Specific learning difficulties
<input type="checkbox"/> Emotional/behavioural/ social difficulties	<input type="checkbox"/> Moderate learning difficulties
<input type="checkbox"/> Speech, language and communication difficulties	<input type="checkbox"/> Profound and multiple difficulties
<input type="checkbox"/> Physical/medical difficulties	<input type="checkbox"/> Severe learning difficulties
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Multiple sensory difficulties	<input type="checkbox"/> Other-asthma, allergy etc

If you have ticked any of the medical and/or learning support conditions on the left, please give full details:

If you have indicated a medical / learning condition you must attach relevant documentation before support / exam concessions can be provided

Are you registered disabled? Yes No

Do you have an Educational Statement or a Statement of Dyslexia? Yes No

Additional Information

Please enter the relevant data in the appropriate spaces

How did you hear about Saint David's Catholic College?

- Careers Advisor (school) Friends / Family Newspaper Website
 Careers Wales Information day at school Radio Other _____

How did you get this application pack?

- By Phone College Website Through previous school
 Careers Wales Open Evening Other _____

Criminal Convictions

To help the college reduce the risk of harm or injury to our students caused by the criminal behaviour of other students we must know about any criminal convictions and ASBOs (Anti Social Behaviour Orders) that an applicant has.

Applicants who provide such details will **not** automatically be excluded from the application process, however the college may need to consider the application further, ask for more information before reaching a decision, or require an applicant to undergo a Criminal Records Bureau Check.

Do you have any criminal convictions? Yes No

Are you subject to an Anti Social Behaviour Order? Yes No

If you answered yes to either of the above, please complete the next section

Conviction: _____ Date: _____

ASBO: _____ Date: _____

I confirm that the above information is true to the best of my knowledge and belief and that if I have made a false declaration I may be liable to legal action by Saint David's Catholic College

Signed: _____

Date: _____

Declaration

Applicant Check List

- I have checked all parts of the form are complete
 I have attached two passport sized photographs

I wish to attend Saint David's Catholic College and I accept its rules and conditions as set out in the prospectus which I have seen and read. I understand and accept that Saint David's Catholic College reserves the right to withdraw or alter any course (s) at any time and any offer of a place in college does not constitute placement on any particular course.

Some information on this form, and other information held by your Learning Provider about you will be sent to the Welsh Assembly Government Department for Children, Education, Lifelong Learning and Skills (also known as DCELLS). Information derived from the data may be published but your names will not be included in any statistical analysis or other publication. Precautions are taken to minimise the risk that you will be able to be identified from the data. It will also be necessary to share this information with Examination Boards.

The Welsh Assembly Government may also wish to use the data to contact you to provide details of further learning opportunities. Please tick the following box to indicate that you agree to be sent information.

Signed: _____

Date: _____

Parental / Guardian Consent

I wish my son / daughter to attend Saint David's Catholic College and I accept its rules and conditions as set out in the current prospectus which I have seen and read. I understand that the information provided within this application form is to be used by the college and its Agents in Computer Data Processing (Data Protection Act 1984).

Signed: _____

Date: _____

Important

In order to process your application as quickly as possible you should ensure that the form is fully completed or it will be returned to you