

YOUR EMPLOYMENT DETAILS (if you are employed)

Name and address of employer

Type of work From month/year To month/year

EXTRA SUPPORT FOR YOU

Help us to support you appropriately during your studies by telling us if you consider yourself to have a physical or learning disability/difficulty.

EXTRA INFORMATION ABOUT YOU

Please tell us your reasons for applying for the course(s) and what your intended career path is. This will help us to ensure you are applying for the right course for you.

Have you applied to any other sixth form or college?

If yes, which ones _____

SIGNATURE

- 1) Suffolk New College collects information about all students for various administrative, academic and health & safety reasons. In line with the Data Protection Act 1998, we need your consent before we do this. By signing this form you are giving your consent to the College to collect and process your personal data.
- 2) I give my permission for my previous student information to be passed from the Local Education Authority to the College. This will help to provide the right support for you while completing your course.
- 3) I confirm that the information on this form is correct and complete.

Your signature	Date
If you are under 18 your parents/guardians signature	Date

If you are under 18 at the start of your full-time course, Suffolk New College will remain in contact with your parents/guardians for the duration of your course.