|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **../../../../../../../Documents/DWR/DWA/Logo/AI/DWRLogoWithText_25Dick White Academy**  **Application Form** | | | | |
| Please complete each section using BLOCK CAPITALS. | | | | |
| 1. Course Details | |  | | |
| Course Title: | | | | |
| Apprenticeship: Yes ☐ No ☐ | | | | |
| Intake: September ☐ January ☐ Year ........... | | | | |
| Have you been enrolled on this course at another centre previously? Yes ☐ No ☐  If yes provide details........................... | | | | |
| 2. Your Details | | | | |
| Mr / Mrs / Miss / Ms / Dr / Other: | | Date of Birth: | | |
| Surname: | | Gender: Male ☐ Female ☐ Other ☐ Prefer not to disclose ☐ | | |
| First Name (s): | | National Insurance Number (apprenticeship only): | | |
| Home Address:    Postcode: | |
| Nationality: | | |
| Next of Kin: | | |
| Contact no. for next of kin: | | |
| Home telephone no: | | Do you have any learning difficulties or disabilities? Yes ☐ No ☐  If yes, please give details: | | |
| Mobile telephone no: | |
| Email: | |
| 3. Employer / Practice Details | | | | |
| Practice Name: | | Clinical Coach: | | |
| Practice address:    Postcode: | | Telephone no.: | | |
| Email: | | |
| Fax no.: | | |
| Invoicee name: | | |
| 4. Your Academic Details | | | | |
| Qualification (include GCSEs, Key skills, Functional skills, Degrees, Diplomas etc) | Awarding body | | Year Completed | Grade achieved |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| 5. Personal statement | | | | |
|  | | | | |
| 6. Signatures | | | | |
| **Data Protection Act 1998:**   * In the interest of supplying the necessary support to all students, the information you have provided within this form may be viewed by other relevant members of staff within the College. In accordance with the Data Protection Act 1998, if you do **not** wish this information to be shared, please notify the College. * The information you have provided will also be stored electronically and used to process your application. * In completing this form Dick White Academy has obtained your consent for the collection, storage and processing of the data provided, including sensitive personal data. * Dick White Academy undertakes to keep secure any personal data held about you and will make those details available to you on request. * You have the right to see this information and should contact Dick White Academy if you wish to do so.   Please sign below if you agree to these terms. | | | | |
| **Signature of applicant:** | | **Signature of practice principle:** | | |
| Date: | | Date: | | |
|  | | | | |
| So what happens now? | | | | |
| Please return this form to:  Principal  Dick White Academy  Station Farm, London Road,  Six Mile Bottom, Cambridgeshire  CB8 0UH  Tel: 01638 572889  Email: [info@dwacademy.co.uk](mailto:info@dwacademy.co.uk) | | | | |
| We will process your application form and contact you in due time to arrange an informal interview.  Please refer to the DWA admissions policy for further details on the admission procedure  Thank you very much for your application, from all at Dick White Academy.  We look forward to meeting you. | | | | |