

Do you have an Education Health Care Plan (EHCP)?* Yes No

Do you require additional Exam Access Arrangements EAA (ie. extra time, scribe etc)? Yes No

7. Do you have any unspent criminal convictions? Yes No If 'yes' please give details below:

I understand that failure to disclose any of the above information may affect my place at Kingston Maurward College*

8. References

Please give the name and full postal address of your referee. Your referee must be from your last school, college or employer.

Academic / Employment (please circle)

Full contact name and address _____

Postcode _____

Relationship to you _____ Email address _____

9. I apply for admission to Kingston Maurward College

Student signature _____ Date _____

Parent/Guardian/Carer signature (if student is under 18) _____ Date _____

Please return this form to:

Student Admissions, Kingston Maurward College, Dorchester, Dorset, DT2 8PY

10. Data protection*

I understand that the information I provide for my application will be retained by Kingston Maurward College in order to process my application and generate a place for me at College. This information will be held securely by the College in accordance with the requirements of the Education and Skills Funding Agency and the College's Data Protection Policy. It will not be made available to any third party organisations except those who have a direct involvement with the facilitation of college courses. If I choose not to study with Kingston Maurward College the information on my application form will be destroyed.