



Richmond upon Thames College

Admissions Department, Egerton Road, Twickenham,
Middlesex TW2 7SJ Tel: 020 8607 8000

Office use

Office use

APPLICATION FORM 2010/11

Please complete in block capitals all white boxes on the form, and pass to your school. Your school must complete the Reference section on page 3 and the predicted grades on page 2, and then forward the form to the Admissions office at the College.

Please complete in block capitals

A. Personal details

Surname Title:
Mr/Mrs/Miss/Ms

First name

Middle name

Gender: (Please Tick) Male Female

Date of Birth / /
Day Month Year

Home Address

Postcode

Telephone Numbers Home: Mobile:

Emergency Tel No (Parent/Guardian)

e-mail address

Have you been living in the UK since Sept 1st 2007 Yes No

For Non-British passport holders, do you have a student visa? Yes No

What is your normal country of residence?

What is your country of birth?

Are you a disabled person? Yes No

If yes, please complete Section E overleaf.

Any disclosure of disability will only be used to help you.

Have you attended Richmond upon Thames College previously? Yes No

If Yes, date from to

Please also complete section I on back page.

If you are under 19 years please complete. Tick one of these squares to indicate where you received your Secondary School Education. For Richmond borough schools please state Primary School.

0	Out of Richmond borough	<input type="checkbox"/>	4	Whitton	<input type="checkbox"/>	13	Oldfields	<input type="checkbox"/>
9	Independent School	<input type="checkbox"/>	5	Hampton CC	<input type="checkbox"/>	14	Strathmore	<input type="checkbox"/>
1	Christ's	<input type="checkbox"/>	6	Grey Court	<input type="checkbox"/>	15	Clarendon	<input type="checkbox"/>
2	Teddington	<input type="checkbox"/>	7	Shene	<input type="checkbox"/>	16	School Overseas	<input type="checkbox"/>
3	Waldegrave	<input type="checkbox"/>	8	Orleans	<input type="checkbox"/>			<input type="checkbox"/>

Please give name and address of your current or last School or College attended by you.

Postcode

Primary School name:

For completion at RUTC

Reference No

Date Application Received

LEA/
Nationality Code

REFER

FEE STATUS CODE

Home	<input type="checkbox"/>	<input type="checkbox"/>
Overseas	<input type="checkbox"/>	<input type="checkbox"/>
EU	<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Date:

Programme Area

Acknowledgment sent

Reference requested

Grades requested

Needs x1 Rescheduling

Needs x2 Rescheduling

Admissions Initials

Surname

First name

G. Proposed Course

(for completion by student)

Please list the subject(s)/course(s) you would like to study at this College.

In order of preference 1 to 6

Subject	Level eg. AS, GNVQ etc.

H. Equal Opportunities

The College has a policy to promote equal opportunities in respect of race, sex and disability in all aspects of its responsibilities and work.

The use of ethnic background information is important in helping ensure that the policy works.

For this reason could you please indicate the ethnic group to which you think you belong by ticking the appropriate box.

(NB The ethnic grouping used has been devised by the Department for Education: The information given is confidential and will not be used in anyway which is linked to your name.)

- 11. Asian or Asian British - Bangladeshi
- 12. Asian or Asian British - Indian
- 13. Asian or Asian British - Pakistani
- 14. Asian or Asian British - any other Asian background
- 15. Black or Black British - African
- 16. Black or Black British - Caribbean
- 17. Black or Black British - any other Black background
- 18. Chinese
- 19. Mixed - White and Asian
- 20. Mixed - White and Black African
- 21. Mixed - White and Black Caribbean
- 22. Mixed - any other mixed background
- 23. White - British
- 24. White - Irish
- 25. White - any other White background
- 98. any other
- 99. not known/not provided

Surname

First name

I. If you attended Richmond upon Thames previously, please give details of courses you studied and grades received.

Subject	Grade received
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

J. Please list languages (other than English) that you speak fluently, do not include those taken as GCSE subjects.

K. If admitted to the College I agree to familiarise myself with the College regulations and to abide by them.

(Signature of applicant) (Please print name) (Date)

L. Signature by Parent/Guardian (for students under 18)

I support this application & confirm that the information given on this form is accurate

(Signature of Parent/Guardian) (Please print name)

Please print name and address of parent/guardian to which correspondence (eg reports) should be sent

Name (Mr/Mrs/Title)

Address

Postcode

M. Do you hold overseas qualifications?

*If yes: please make sure you read point 12 (section M) of the guidance notes enclosed with this form.

Yes No

Surname

First name

For completion by your school or collegeSchool stamp to be
imprinted

F. Confidential Reference. This must be completed by the applicant's school or college.
For students not at school a reference is required from the school you last attended.
 (If this section is not completed in full it will be returned to your school.)

Please confirm the date that the student joined the school/college

Personal Qualities

	Good	Satisfactory	Poor	Unacceptable
Attendance	<input type="checkbox"/> 95 - 100%	<input type="checkbox"/> 90 - 94%	<input type="checkbox"/> 85 - 89%	<input type="checkbox"/> below 85%
Punctuality	<input type="checkbox"/> 95 - 100%	<input type="checkbox"/> 90 - 94%	<input type="checkbox"/> 85 - 89%	<input type="checkbox"/> below 85%

	Good	Average	Cause for concern		Good	Average	Cause for concern
Initiative				Relations with Adults			
Reliability				Relations with Peers			
Organisation eg. ability to meet deadlines				Self confidence			

Additional Support Needs: Please comment on any learning support needs, especially any which have not been mentioned by the applicant in Section E. (use separate sheet if necessary)

Is the applicant a "Looked After" child, in the care of a local authority? Yes No

If yes, which local authority

Academic Reference (To be completed by the HoY 11 or by the Head Teacher)

Has the applicant been subject to a temporary or permanent exclusion in years 10 or 11? Yes No

yes, please provide details on a separate sheet

If

Please confirm student's date of birth is correct:

Suitability for chosen course Suitable Reservations

Signed Position Held

Print Name Date

Please send this reference to Admissions Dept, Richmond upon Thames College, Egerton Road, Twickenham, Middlesex TW2 7SJ or email to admissions@rutc.ac.uk or fax 020 8744 9738