

# School College Partnership Application Form 2014-2015



**This form should be completed by pupils wishing to complete all or part of their compulsory education at college and should be done in consultation with their guidance teacher.**

Once complete please return to: **Naomi Handley, Edinburgh College Sighthill Campus,  
Bankhead Avenue, Edinburgh EH11 4DE**

Closing date: .....

Please complete this form in **BLOCK CAPITALS** (College Use Only) Applicant ID:

## Step 1 Course Details

**Please state your course choices in order of preference, your mode of attendance and campus (Granton, Milton Road, Sighthill, Midlothian):**

Course Title (as it appears on our website)	Level	Mode of Attendance	Campus/Location
1			
2			
3			

## Step 2 Personal Details

Forename(s) (First Name): .....

Surname (Last Name): .....

Date of Birth: 

D	D	M	M	Y	Y

 Male  Female

Scottish Candidate Number: 

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 (All under sixteens must be pre-registered with SQA by their current school)

Permanent Home Address: .....

..... Post Code: ..... Telephone Number: .....

Email Address: ..... Mobile: .....  
(Your email address and mobile number will only be used for the purpose of communication between you and College staff)

Next of Kin/Emergency Contact Name: ..... Relationship:.....

Telephone: .....

School year going into (please tick)  S3  S4  S5  S6

Name of school attending: .....

Contact name at school: .....







**Step 7 Guidance Report**

To be completed by the School Guidance Staff to comment on the applicant’s suitability for the chosen programme(s) and then return the form to the College at the address overleaf. Please comment on the following aspects of the pupil: Social, Behaviour, Academic and additional support needs.

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An indication of Attendance: Percentage.....

Signature: ..... Position: .....

Print Name: ..... Date: .....

**Step 8 Declaration (all applicants)**

I confirm that the information given is, to the best of my knowledge, correct and complete.  
(If you are under 16 years of age please ask a parent or legal guardian also to sign this form.)

Signed: ..... Date: .....

Parent/Legal Guardian (if applicant is under 16): .....

The information you have provided is protected by the Data Protection Act 1998 and will be used in accordance with our code of practice. It will be used to enable us to support your application. We may share relevant information with your school and Skills Development Scotland (SDS) to enable them to carry out their work in tracking your progression.

**Office Use Only**  
Local Authority: ..... Course Code: .....  
Staff Signature: .....  
Date:.....