

Are you in full time education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Qualifications held (mark most advanced level passed only)	
<input type="checkbox"/> 1-4 GCSEs grades A-C OR GCSEs grade D-G OR up to 5 Scottish Standards grade 1-3 OR Scottish Standards grade 4-6 OR 1 x AS Level OR 1 x Scottish Higher	<input type="checkbox"/> 4 or more AS levels OR 4 or more Scottish Highers OR 2 or more Advanced Levels OR 2 or more Scottish Advanced Highers
<input type="checkbox"/> 5 or more GCSEs grade A-C OR 5 or more Scottish Standards grade 1-3 OR 2-3 AS levels OR 2-3 Scottish Highers OR 1 x Advanced Level OR 1 x Scottish Advanced Higher	<input type="checkbox"/> None of the listed qualifications held (may be studying towards any of them)

Indicate your Main Disability (one only)	<input type="checkbox"/> No disability		
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Mental ill health		
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Temporary disability after accident or illness (e.g. post-viral)		
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Profound complex disabilities		
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Multiple disabilities		
<input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma)	<input type="checkbox"/> Other		
<input type="checkbox"/> Emotional/behavioural difficulties			
Indicate your Main Learning Difficulty (one only)	<input type="checkbox"/> No learning difficulty		
<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other specific learning difficulty	<input type="checkbox"/> Other
<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Multiple learning difficulties	

Ethnicity		
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Black or Black British - any other Black	<input type="checkbox"/> White - British
<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> White - Irish
<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> White - any other White background
<input type="checkbox"/> Asian or Asian British - any other Asian	<input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> Any other
<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> Mixed - White and Black Caribbean	
<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> Mixed - any other Mixed background	

Other Information

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
CO/BTEC Officer's Signature	<input type="text"/>	Date	<input type="text"/>

