**Application Form**

Please return the application form to the Administration Office, Technical Academy Scotland, 83 Princes Street, Edinburgh, EH2 2ER.

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| 1. **About You**
 |
| Mr/Mrs/Ms/Miss/Other |  |
| Surname |  | First Names |  |
| Date of Birth |  | Age at start of course |  |
| Address |  | Town |  |
| Country |  | Post Code |  |
| Tel No. |  | Mobile No. |  |
| E-mail |  |
| Nationality |  |
| Existing Qualifications |  |
| Scottish Candidate Number (SCN), if known: |  |
| 1. **I would like to study for these courses**

(List in choice order with first choice at the top) |
| Level(HNC/HND/SVQ) | Mode(Full Time/Part time) | Course Name(e.g. Civil Engineering) | Intended Start Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **Other information**
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| **Do you have any particular learning or support need?**(Please tick all that apply) |
| Help with literacy skills |  | Large print teaching materials |  |
| Help with numeracy skills |  | Help with English for Speakers of other Languages |  |
| Help for dyslexia |  | Wheelchair access |  |
|  |  |  |  |
| **For office use only** |
| Interview date: |  | Time: |  |
| Interview decision: |  |  |  |
| Interviewee: |  | Date: |  |
| Signed: |  |
|  |