**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** | | | | | | | | | |
| **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: | |  | | | | | | | |
|  | | | | | | | | | |