

PROPOSED PROGRAMME OF STUDY

What subjects would you like to study at The Cheadle College?

YOUR CAREER PLANS

If known please outline your future career plans and how we can help you.

DISABILITY, LEARNING DIFFICULTY OR MEDICAL CONDITIONS

We are committed to ensuring that people with disabilities and learning difficulties are treated fairly. Please outline below any important disability or other aspect of your health or learning you want us to know about.

APPLICATION AGREEMENT

The Cheadle College collects information about all our staff and students for various administrative, academic and health and safety reasons. The Data Protection Act 1998 requires we ask your consent before we can do this. Since we cannot operate the College's Admissions procedure effectively without processing information about you, we need you to sign the following consent to process clause. I agree to the College processing personal data contained in this form or any other data which the College may obtain from me or other people whilst I am a student. I also declare that to the best of my knowledge, the information given in this application is correct.

Student signature

Date

Please indicate any time you will NOT be available for an interview (eg exams, holidays etc).

Please return this completed Application Form to Admissions.
Your school will be asked to provide a reference at a later stage.



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FOR ADMISSIONS USE ONLY

Date Received

Interview Time

Reference No

Interview Date

Interviewer
