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| **External Candidate Application Form** |
| Please complete all fields. Fields highlighted with an \* are optional. |
| Candidate’s first Name: |  |
| Candidate’s Surname: |  |
| Candidate’s DOB: |  |
| Gender (M/F) |  |
| Home Address: |  |
| Postcode: |  |
| Home Telephone No: |  |
| Name Of Parent/GuardianIt is not required for you to give us this information if you are over 18. |  |
| Parent Guardian No:It is not required for you to give us this information if you are over 18. |  |
| Emergency Tel no: |  |
| Parent/ Guardian Email:It is not required for you to give us this information if you are over 18. |  |
| \*Candidate Email and Telephone no |  |
| Please list below the GCSEs that you would like to enter for. **Please bear in mind that Internally assessed GCSEs with coursework that has t be completed and marked in centres cannot be noted below unless agreed otherwise by the head of centre.** |
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| **Does your son/daughter/ you- have any Medical conditions that the centre should be made aware of, that in turn could have an effect on examination performance? Information based on cognitive learning difficulties, specific SEN diagnosis, sensory and/or physical needs, social and/or emotional difficulties can also be included in this section.**  |
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| **Please sign and date your application below.**By signing this section below you agree to the terms and conditions highlighted in the External candidate entry document available to candidates and parental responsibilities on the Colours Academy Website ([www.colours.academy/home](http://www.colours.academy/home))  |
| Date: / / Signature: Print Name: |