

Priory College Swindon

STUDENT APPLICATION

To be completed by student and returned to:
Priory College Swindon, Fairview House, 43 Bath Road, Swindon, SN1 4AS

STUDENT SURNAME: _____

STUDENT FORENAMES: _____

DATE OF BIRTH: _____

ADDRESS: _____

ID – type
Photograph of
You

Please note there is extra space at the back of this form for additional information.

Where did you hear about Priory College Swindon?

What are you doing at the moment e.g. are you at school, college/home?

Tell us how happy or unhappy you feel about your life at the moment:

Tell us what you will do if you are not offered a place at Priory College Swindon e.g. are you looking at other colleges?

What course would you like to do at college if you come to Priory College Swindon?

Do you think you will need help at college?	YES/NO
Tell us what you might need help for:	
1) In the classroom:	
2) With coursework	
3) At breaks/lunchtimes	
Do you think you might need help at other times:	
In the morning to help you get ready, what might you need help with?	
In the evening, what might you need help with?	
When did you find out you had Aspergers Syndrome?	
Do you have any other Diagnoses?	

Tell us how your diagnosis affects you:	
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Do you have any difficulties with the following, if so, please tell us about your difficulties:	
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Eating:	
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Sleeping:	
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Keeping yourself clean and tidy:	
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Getting on with other people:	
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What do you like doing?	
What are your interests?	
What would you like to do after you leave college?	
Tell us about any ambitions you have:	

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ADDITIONAL INFORMATION: