



PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO:
Health Futures UTC
350 High Street
West Bromwich
B70 8DJ
☎ 0121 794 2888 ✉ admin@healthfuturesutc.co.uk
www.healthfuturesutc.co.uk

HEALTH FUTURES UTC YEAR 12 APPLICATION FORM FOR SEPTEMBER 2020

STUDENT PERSONAL DETAILS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female

Ethnicity: _____

Current Address: _____

Town/City: _____

Postcode: _____

Borough: _____

Email address: _____

EDUCATION DETAILS

Current School: _____

Address: _____

Borough: _____

Head Teacher: _____

Current Year Group: _____

Subjects currently studying and predicted GCSE results:

Examinations already taken and results if applicable:

Do you have any particular career ambitions?

Why would you like to attend Health Futures UTC?

Any Special Education Needs/Other Information:

Please tell us a little about your hobbies and interests (any voluntary/work experience if applicable).

If you are predicted to achieve five grade 4s at GCSE, including English and maths, please select four subjects from the following list to study (you must check the entry criteria for each subject):

Biology	Applied Science	Maths
Chemistry	Physics	English Literature
Psychology	Sociology	Childcare
Health and Social Care Single Award	Health and Social Care Double Award	Health and Social Care Triple Award
	BTEC Sport	

1. _____
2. _____
3. _____
4. _____

If there is another subject, or subjects, that you would like to study that is not on the list please give details below:

If you are not expecting to achieve five GCSEs at grade 4 or above including English and maths you may be eligible for our foundation programme. Please tick below:

I am interested in applying for the foundation programme:

PARENT/GUARDIAN DETAILS

Contact Priority 1

Title: _____

First Name: _____

Last Name: _____

Relationship to child: _____

Mobile phone no: _____

Email address: _____

Parental responsibility? Yes No

Contact Priority 2

Title: _____

First Name: _____

Last Name: _____

Relationship to child: _____

Mobile phone no: _____

Email address: _____

Parental responsibility? Yes No

How did you hear about the UTC? _____

DECLARATION AND SIGNATURE OF PARENT/GUARDIAN

- I confirm that I authorise Health Futures UTC to process my child's application
- I understand that this will involve contact with their existing school, and give permission to share the appropriate information to facilitate my son/daughter's transfer

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____