

Application Form

September 2020

Course Selection Please indicate which CAPA College course pathway you wish to apply for



Applicants Personal Details

Surname		
Forename(s)		
Date of Birth		
Address		
Postcode		
Mobile Number	Email address	

Parent/Carer Information

Name	Relationship to applicant	
Contact number(s)	Email address	

Educational Information

Present School/College	
Address	
Postcode	Tel number



Please tick the relevant boxes		
Are you or have you ever been in the care of a local authority?	Yes	No
If YES, please give details on a separate sheet		
Do you have any disability or health/medical condition which requires special arrangements for interview/audition?	Yes	No
If YES, please give details on a separate sheet		

Qualifications

At school/college this year I will be taking the following qualifications:				
Subject		Type of course e.g. GCSE	Date taken	Predicted results



Subject

	Experience					
	events you have been in	volved in, extra-curricul	ay be relevant to your choser ar activities, summer schools, l case ensure responses are a m	music lesson	ns etc).	
	,					-
4	How did you hear abou	t CAPA College?				
		2 2 20 9 0 .				
	Applicant signature			Do	ate	

Type of course e.g. GCSE

Result

Date taken

F.A.O. Admissions CAPA College c/o Church House 1 South Parade Wakefield WF1 1LP

Please check the postage on your application, as unpaid postage will incur costs and delay delivery of your application. We recommend you weigh and obtain a certificate of posting for your application form, as we cannot guarantee to consider applications which are late/lost due to postal errors without proof.

