

## STUDENT INTEREST QUESTIONNAIRE

To be completed by student and returned to school by: ..... / ..... / .....

Name: ..... School: .....

Please list below which course you are interested in

1st Choice: ..... Provider/college: .....

2nd Choice: ..... Provider/college: .....

### Personal Details

Home Address: .....  
.....  
.....

Home Telephone No: ..... Date of Birth: .....

**Please think carefully about the questions below and complete the form with as much information as you can.**

What are your hobbies/interests? .....  
.....  
.....  
.....  
.....  
.....

Why do you want to try to get a place on the GMPower - Learning through work programme  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**REMEMBER AT THIS STAGE A PLACE ON THE PROGRAMME CANNOT BE GUARANTEED**

# PARENT/CARER INTEREST QUESTIONNAIRE

To be completed by parent/carer and returned to school by: ..... / ..... / .....

Should you require any further information or clarification on any points, please do not hesitate to contact the Programme Co-ordinator at school.

Name of student: ..... School: .....

I am happy with the information I have received about the programme and would like my son/daughter/child in your care to be considered for a place on the programme.

I understand that a place cannot be guaranteed at this stage

Yes  No

I confirm that (students name) ..... does not have a medical condition which, in my opinion, could result in any unnecessary risk to his/her health and safety, or to the health and safety of any other person.

Should there be any change to my daughter's/son's medical condition whilst on the programme I will notify the school immediately.

I confirm that additional information may be passed to provider/employer if deemed to be appropriate by the school.

Name of Parent/Guardian (CAPITALS): .....

Would you like to receive regular information regarding your son/daughter/child in your care about their progress on the programme

Yes  No

Signature: ..... Date: .....

# ETHNICITY QUESTIONNAIRE

Please tick both the (blue) box for your main ethnic group and also the (green) box for your sub-group, where appropriate.

<b>WHITE - BRITISH</b>	<input type="checkbox"/>	<b>MIXED - OTHER</b>	<input type="checkbox"/>	Somali	<input type="checkbox"/>
English	<input type="checkbox"/>	Asian & any other ethnic group	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>
Other White British	<input type="checkbox"/>	Asian & Black	<input type="checkbox"/>		
Scottish	<input type="checkbox"/>	Asian & Chinese	<input type="checkbox"/>	<b>BLACK OR BLACK BRITISH - OTHER</b>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Black & any other ethnic group	<input type="checkbox"/>	Black European	<input type="checkbox"/>
		Black & Chinese	<input type="checkbox"/>	Black North American	<input type="checkbox"/>
<b>WHITE - IRISH</b>	<input type="checkbox"/>	Chinese & any other ethnic group	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
		Other mixed background	<input type="checkbox"/>		
<b>WHITE - OTHER</b>	<input type="checkbox"/>	White & any other ethnic group	<input type="checkbox"/>	<b>CHINESE</b>	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	White & Chinese	<input type="checkbox"/>	Hong Kong Chinese	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>			Malaysian Chinese	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<b>ASIAN OR ASIAN BRITISH - INDIAN</b>	<input type="checkbox"/>	Other Chinese	<input type="checkbox"/>
Greek	<input type="checkbox"/>			Singaporean Chinese	<input type="checkbox"/>
Greek Cypriot	<input type="checkbox"/>	<b>ASIAN OR ASIAN BRITISH - PAKISTANI</b>	<input type="checkbox"/>	Taiwanese	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	Kashmiri Pakistani	<input type="checkbox"/>		
Gypsy/Roma	<input type="checkbox"/>	Mirpuri Pakistani	<input type="checkbox"/>	<b>OTHER</b>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other Pakistani	<input type="checkbox"/>	Afghan	<input type="checkbox"/>
Kosovan	<input type="checkbox"/>			Any other ethnic group	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<b>ASIAN OR ASIAN BRITISH - BANGLADESHI</b>	<input type="checkbox"/>	Arab other	<input type="checkbox"/>
Serbian	<input type="checkbox"/>			Egyptian	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	<b>ASIAN OR ASIAN BRITISH - OTHER</b>	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
Turkish Cypriot	<input type="checkbox"/>	Kashmiri Other	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	Nepali	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Korean	<input type="checkbox"/>
White European	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>	Latin/South/Central American	<input type="checkbox"/>
White Western European	<input type="checkbox"/>			Lebanese	<input type="checkbox"/>
		<b>BLACK OR BLACK BRITISH - CARIBBEAN</b>	<input type="checkbox"/>	Libyan	<input type="checkbox"/>
<b>MIXED WHITE &amp; BLACK CARIBBEAN</b>	<input type="checkbox"/>			Malay	<input type="checkbox"/>
		<b>BLACK OR BLACK BRITISH - AFRICAN</b>	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
<b>MIXED WHITE &amp; BLACK AFRICAN</b>	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>
		Congolese	<input type="checkbox"/>	Thai	<input type="checkbox"/>
<b>MIXED WHITE &amp; ASIAN</b>	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
White & any other Asian b/ground	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
White & Indian	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>		
White & Pakistani	<input type="checkbox"/>	Sierra Leonian	<input type="checkbox"/>	<b>NOT KNOWN</b>	<input type="checkbox"/>
				Information not yet obtained	<input type="checkbox"/>
				Refused	<input type="checkbox"/>

Student's name: ..... Signature: ..... Date: .....

# EDUCATIONAL BACKGROUND INFORMATION

To be completed by the School Co-ordinator

School: .....

Student: ..... L.A. Area: .....

Date of Birth: ..... UPN No: .....

Best day for "on the job" activity:    M        T        W        Th        F        (please circle)

1. Reason(s) for inclusion on the Programme? .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

2. Does this student require additional support? If so, please specify: .....

.....  
.....  
.....  
.....  
.....  
.....

3. As part of the students National Curriculum, what English, Maths and IT are they following? .....

.....  
.....  
.....  
.....

4. SAT's Results: .....

.....  
.....  
.....  
.....

Is the student officially "Statemented" as having special needs at Level 5? Yes  No

Teacher's signature: .....