

Key Skills Student Registration Form

First Name:			
Surname:			
Date of Birth:			
Home Address:			
			Post Code:
School/College:		Department:	

Key Skill (please tick one level & subject only)	Level				
	1	2	3	4	5
Improving own learning and performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ethnicity (please tick one only)	
White—British	<input type="radio"/>
White—Irish	<input type="radio"/>
Other White Background	<input type="radio"/>
White and Black Caribbean	<input type="radio"/>
White and Black African	<input type="radio"/>
White and Asian	<input type="radio"/>
Other Mixed Background	<input type="radio"/>
Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Bangladeshi	<input type="radio"/>
Other Asian Background	<input type="radio"/>
Caribbean	<input type="radio"/>
African	<input type="radio"/>
Other Black Background	<input type="radio"/>
Chinese	<input type="radio"/>
Any other Ethnic Group	<input type="radio"/>
Do not wish to say	<input type="radio"/>

Gender	
Male	<input type="radio"/>
Female	<input type="radio"/>

Special Needs: (please state)

Support Provided: (Classroom Assistant or Technician)

Signed (Student)	Date:
Signed (Teacher/Lecturer):	Date: