

FOR OFFICE USE ONLY	
School background meets A2B criteria	
Home postcode indicates disadvantage	
Significant disruption to education	
Student eligible for A2B offer	

Access to Birmingham (A2B) Supplementary Application Form

Please complete all sections on page one of this form and then hand it in to the A2B coordinator at your school or college to complete page two. Don't forget to put 'A2B' in the further details section on your UCAS form.

More information can be found at www.birmingham.ac.uk/a2b

First/given name			Surname/family	
Address				
Postcode		Date of Birth		
Home phone number		Mobile number		
Email			Gender M/F	
Do you have a disability? Please give further details				
Course(s) applied for at the University of Birmingham	1)	2)	3)	
UCAS course code(s)				

Ethnic Origin (please tick)

<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other (specify) _____

Please tick YES or NO for the following statements	YES	NO
Did either of your parents/guardians go to university?		
Do either of your parents/guardians have a professional occupation?		
Is your household income above £42,600?		
Have you applied through Access to Birmingham before?		
Are you on the Academic Enrichment Programme? (Summer Residential, E-mentoring and Study Skills)		

Please indicate what your parents/guardians do for a living if they are unemployed please state unemployed and list their last job.

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Please use the space below to tell us why you are applying through A2B. There is no need to repeat any information that is already in your UCAS application or to use a separate sheet. Do tell us about any special circumstances, whether at home or in your school/college that may have prevented you from achieving your full potential in your academic work, for example a disability, long-term illness or time spent in local authority care.

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A2B applicant signature _____

Date _____

For teacher to complete

Name of student

For the school/college to complete

Subject	Qualification	Predicted grade

Please tick as appropriate	Yes	No	Further details
Can you confirm that the student meets the A2B criteria they have described overleaf?			
Is English the student's first language?			
Has the student ever been in care?			

Please detail any specific family background or circumstances that may be relevant to this A2B application

This application must be approved by the A2B Co-ordinator

Name of school/college	
Name of A2B Coordinator	
Email	
Signature	
Date	

Please return this form to:

Janet Hadley
Outreach Office
Aston Webb Building
University of Birmingham
Edgbaston
B15 2TT