|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| School background meets A2B criteria |  |
| Home postcode indicates disadvantage |  |
| Extenuating circumstances |  |
| **Student eligible for A2B offer** |  |



**Access to Birmingham (A2B) Application Form**

**A2B Applicant Section**

**Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Click here to enter text. | Middle Name | Click here to enter text. | Surname | Click here to enter text. |
| Address | Click here to enter text. | | | | |
| Postcode | Click here to enter text. | | Date of Birth | Click here to enter text. | |
| Home Phone Number | Click here to enter text. | | Mobile number | Click here to enter text. | |
| Email | Click here to enter text. | | Gender M/F | Click here to enter text. | |
| Ethnic Origin | White British | White Irish | White Other | Asian Indian | Asian Pakistani |
| Asian Bangladeshi | Asian Other | Chinese | Black Caribbean | Black Other |
| Mixed White & Black Caribbean | Mixed White & Black African | Mixed White & Asian | Mixed Other | Other |
|  | | | | | |
| Do you have a disability? P*lease give further details* | | | Yes  No | Click here to enter text. | |
| Have you spent any time in local authority care? *Please give further details* | | | Yes  No | Click here to enter text. | |
| Do you provide unpaid care to a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support? *Please give further details in supporting statement below.* | | | Yes  No | Click here to enter text. | |

**Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Course(s) applied for at the University of Birmingham | 1)Click here to enter text. | 2)Click here to enter text. | 3)Click here to enter text. |
| UCAS course code(s) | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Supporting Statement 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 on 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.**

|  |  |
| --- | --- |
| Click here to enter text. | |
| **Student’s Name:** Click here to enter text. |

**Eligibility for A2B**

Please tell us what your parents/guardians’ jobs are. If they are unemployed or retired please state this and their last job.

| Parent/Guardian 1 | Job Title | Click here to enter text. | Company | Click here to enter text. |
| --- | --- | --- | --- | --- |
| Parent/Guardian 2 | Job Title | Click here to enter text. | Company | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Please tick YES or No to 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 over £42,875? |  |  |
| Have you applied through Access to Birmingham (A2B) before? |  |  |
| Have you participated in the University’s AEP programme (including the summer school)? |  |  |
| Are you eligible for student fees as a UK/EU student? |  |  |

***All data collected on this application form will be stored in accordance with the University of Birmingham’s Data Protection Policy and used for contact, selection, research and monitoring purposes and to administer and manage your application. By signing here you agree to these conditions.*** <http://www.birmingham.ac.uk/university/governance/policies-regs/data-protection.aspx>

**Applicant Signature** Click here to enter text. **Date**  Click here to enter text.

**A2B Coordinator Section *Please complete and return this form to*** [***a2b@contacts.bham.ac.uk***](mailto:a2b@contacts.bham.ac.uk)

**Predicted Grades**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Qualification** | **Predicted Grade** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Please tick as appropriate** | **Yes** | **No** |
| To the best of your knowledge does the student meet the A2B criteria they have described? |  |  |
| Is English the student’s first language? |  |  |
| Has the student ever been eligible for free school meals? |  |  |
| Has the student submitted their UCAS application? |  |  |

Please use this part of the form to provide any detail specific to the candidate’s family background or circumstances that may be relevant to this A2B application. Please state whether the candidate has your full recommendation for the A2B scheme.

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| **This application must be approved by the A2B Co-ordinator** | |
| Name of school/college/sixth form | Click here to enter text. |
| Name of secondary school if different | Click here to enter text. |
| Name of A2B Coordinator | Click here to enter text. |
| Email | Click here to enter text. |
| Signature | Click here to enter text. |
| Date | Click here to enter text. |