

Only complete this form if you are applying for a place at UTC Plymouth. Return this form to the school.

UTC PLYMOUTH

SUPPLEMENTARY INFORMATION FORM (SIF)

FOR USE WITH THE LOCAL AUTHORITY COMMON APPLICATION FORM

Only complete this form if your child is eligible for the service premium payment.

A 'service child' has parent(s) - or person(s) with parental responsibility - who is / are service personnel serving:

- in regular HM Forces military units
- full commitment as part of the full-time reserve service
- in the armed forces of another nation and stationed in England

SERVICE PREMIUM SUPPLEMENTARY INFORMATION FORM 2021/2022

Please note this is a supplementary information form for administration purposes only and is not an application form. It will be used to rank a submitted application according to the published admission criteria.

You need to take this form to your child's current school for the school to complete part B. Return the form to: School Admissions Team, Education, Participation and Skills, Plymouth City Council, Windsor House, 215 Tavistock Road Plymouth, PL6 5UF. In the case of a sixth form application, return the form direct to the UTC Plymouth.

PART A - To be completed by the parent/carer

Child's Full Name:	
Date of birth:	
I confirm that my child meets the criteria as a service child and is eligible for the service premium payment:	<input type="checkbox"/> Yes
Name of school currently attended:	
Name of Parent/Carer:	
Relationship to child:	
Signature:	
Date:	

Data Protection

The information collected on this form will be processed and may be stored electronically by the school in compliance with the Data Protection Act. The data may be shared with Plymouth City Council or other agents of the school, but only for administrative or other service provision purposes and with Government Departments where there is a legal requirement to do so. In accordance with the School Admissions Code, should information given be found to be fraudulent then the offer of a school place can be withdrawn. If you would like further information about Data Protection, please contact the school. By signing or submitting this form you acknowledge that you have read, understood and agreed to this data processing.

PART B - To be completed by the school

Child's full name:	
Date of birth:	
I confirm that the child named above meets the criteria as a service child and is eligible for the service premium payment:	<input type="checkbox"/> Yes
Name of school:	
Name of person completing the form:	
Position held in school:	
Signature:	
Date:	
Telephone number:	
School stamp:	

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