

## Application Form (Constructed from other examples)

Please use BLOCK CAPITALS and black ink

\*Delete as applicable

## Personal Information

Surname:	First Name(s):	Title (Mr, Ms, Miss, Mrs):
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Current Address (incl. Postcode):
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Telephone (Mobile):	Telephone (Home):
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National Insurance Number:	Unique Learner/Pupil Number:
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Email Address:	Please state the make, model and registration of your vehicle/moped (if applicable):
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How would you like your application acknowledged? (Please tick one)    Email <input type="checkbox"/> Text Message <input type="checkbox"/> Post <input type="checkbox"/>
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Country of Birth:	Nationality:
Have you been living in the UK/EEA for the past 3 years? Yes / No*	If no, what was your previous country of residence?
Date of Entry into the UK:	I am a permanent resident in the UK:    Yes / No*
If no, I am a temporary resident for: Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Other <input type="checkbox"/>	Are you currently seeking asylum in the UK?    Yes / No*

<b>Do you have any criminal convictions, cautions, reprimands or final warnings, or any prosecutions pending?    Yes / No*</b>  (You do not have to disclose those offences that are 'spent' under the Rehabilitation of Offenders Act 1974 unless you are applying for a course that involves working with children or vulnerable adults).
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## Course(s) Applied For

1st choice course code and title:

2nd choice course code and title:

3rd choice course code and title:

4th choice course code and title:

Year of Entry: September 2020 [ ] September 2021 [ ] Other [ ]

## Additional Support

We will do our very best to provide the support you need: (please tick any boxes that apply to you)

### Learning Difficulty

Moderate learning difficulty [ ]	Severe learning difficulty [ ]	Autistic spectrum disorder [ ]
Dyslexia [ ]	Dyscalculia [ ]	Other specific learning difficulty [ ]
Multiple learning difficulties [ ]	Other (please state):	

Did you receive additional learning support at school? Yes / No\*

Were you assessed and did you receive exam help at school? Reader Scribe Extra time

### Disability or Medical Condition

Visual impairment [ ]	Hearing impairment [ ]	Disability affecting mobility [ ]
Asperger Syndrome [ ]	Other medical condition [ ]	Emotional behavioural difficulties [ ]
Mental health difficulty [ ]	Temporary disability after illness [ ]	Profound complex disabilities [ ]
Multiple difficulties [ ]	Wheelchair use [ ]	Other specific learning difficulties [ ]
Other physical disability [ ]	Other, including allergies (please state):	

Do you want a college Advisor to contact you regarding your disclosures? Yes / No\*

Will you require any alternative arrangements to assist you at your interview? Yes / No\*

If yes, please specify the nature of support you require.

If English is not your first language, please indicate if you would like support. Yes / No\*

What is your first language?

# Education

Name and Address of Current or last School/College, incl. Postcode:

From (Month / Year):

Date of Leaving (Month / Year)::

Please complete the following table for any examinations/qualifications, please give actual grades, or expected grades, where possible.

Subject	Level (e.g. GCSE, BTEC)	Month and Year Taken / Date to be Taken	Actual Result Grade (if known)	Predicted Result/ Grade

# Employment

Please give details of any relevant employment full, part-time, voluntary or work experience.

Name and Address of Employer (incl. Postcode):

Nature of work:

From (Month / Year):

To (Month / Year):

Name and Address of Employer (incl. Postcode):

Nature of work:

From (Month / Year):

To (Month / Year):

# Equal Opportunities

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Date of Birth:	Age on 31 August 2020:	Gender: Male / Female* I do not wish to disclose this
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The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin. To help us monitor our Equal Opportunities policy, please complete the following. The information is confidential and will be used for the purposes of Equal Opportunities monitoring only.

**Ethnic Origin:** (Please tick one box)

## White

English / Welsh / Scottish / Northern Irish / British [ ]	Irish [ ]	Gypsy or Irish Traveller [ ]	Any other White background [ ]
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## Mixed / Multiple ethnic group

White and Black Caribbean [ ]	White and Black African [ ]	White and Asian [ ]	Any other Mixed/ Multiple ethnic background [ ]
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## Asian / Asian British

Indian [ ]	Pakistani [ ]	Bangladeshi [ ]	Chinese [ ]	Any other Asian background [ ]
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## Black / African / Caribbean / Black British

African [ ]	Caribbean [ ]	Any other Black / African / Caribbean background [ ]
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## Other

Arab [ ]	Any other ethnic group [ ]	I do not wish to disclose this [ ]
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## Additional Information

Why have you applied for this course - what is your intended career path?

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Where did you hear about the course that you are applying for? (Please tick one)

TV [ ]	Cinema [ ]	Radio [ ]	Billboards [ ]	Newspaper Advert [ ]
College website [ ]	College prospectus [ ]	School [ ]	Guidance Adviser [ ]	Social Media [ ]
Newspaper story [ ]	Open Day [ ]	Friend / Family [ ]	Other: [ ]	

Please list all of your hobbies and interests, including membership of clubs and societies:

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## In Case of Emergency

Next of Kin Contact Number:
Next of Kin Contact Name and Relationship:
Next of Kin Email Address:
Are you happy for MADEUP College to release information to, and take updated information from, your emergency contact/s? Yes / No*

## Declaration

I confirm to the best of my knowledge that the information on this form is correct and complete. If accepted as a student I agree to abide by the College Regulations.

For applicants under 18 years, please tick [ ] to give permission for your previous student information to be passed from the LA to the College. Sign below, to provide the right support for you while completing your course.

Data Protection - the information you have provided will be stored on file and used to process your application. The information may be disclosed to the Youth Services, Local Education Authority, Awarding Bodies, Funding Councils, the Higher Education Statistical Agency and if you are under 18 years of age, to your parents/guardian.

The Funding Agency and the College value your views on the education you receive and will use any information provided by you to make improvements for learners. If you want to be contacted in respect of surveys and research, please tick this box [ ].

If you want to be contacted about other courses or learning opportunities please tick this box [ ].

Applicant's signature:	Date:
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# Self- and Peer-Assessment

Self-Assessment: Against some of the Seven Cs

I have completed the task with **confidence** and **commitment**. Yes / Not Yet

I have followed the instructions on the application form. Yes / Not Yet

My written **communication** is clear. Yes / Not Yet

I have tried my best (**craftsmanship** is good). Yes / Not Yet

Peer-Assessment: Has the task been completed fully? Yes / Not Yet