

COURSE APPLICATION (Schools Programme)

Please complete this form in
CAPITAL LETTERS with black
or blue pen.



Student Reference (if known): _____

A. PERSONAL DETAILS

Surname: _____ First name(s): _____
Title: (Mr/Mrs/Miss/Ms/Other) _____ Gender: Male Female Date of birth: (dd/mm/yy) / /
Age (in years) on 31 August 2022: _____ What is your first language? (e.g. English) _____
Unique Learner Number (ULN): (if issued with one by your current/previous school or college.)
National Insurance Number:
Permanent Address: _____
Postcode: _____ Home telephone number: _____
Mobile/Daytime telephone number: _____ E-mail address: _____

Which of the following would best describe your ethnic origin? Please tick as appropriate to help us monitor equal opportunities.

- | | | | | |
|---|--|--|--|--|
| Asian/Asian British:
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background | Black/African/Caribbean/Black British:
<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black/African/Caribbean background | Mixed/Multiple ethnic group:
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other mixed/multiple ethnic background | White:
<input type="checkbox"/> English/Welsh/Scot/N. Irish/British
<input type="checkbox"/> Irish
<input type="checkbox"/> Gypsy/Irish Traveller
<input type="checkbox"/> Any other White background | Other ethnic group:
<input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic group |
|---|--|--|--|--|

B. COURSE CHOICE

I am applying to begin a course starting in: Month _____ Year: 20__

Please indicate below the course you wish to study. Please help us to process your application more efficiently by specifying the four-digit course code as shown in the course guide or on the website. If you wish to apply for an AS/A-Level programme, please list your chosen subjects.

If you are unsure which course to apply for and would like to receive guidance from a College Advisor, please tick this box:

Course title: _____ Code:

Attendance type: Please tick one box. Full-time Apprenticeship Part-time Day Part-time Evening

APPRENTICESHIP APPLICANTS:

Do you have a work placement arranged for your Apprenticeship? Yes No If yes, please give details of the employer:

Company name: _____ Manager's name: _____ Tel: _____

Address: _____

Email: _____

C. LEARNING SUPPORT AND WELLBEING

The College is committed to meeting the requirements of people with learning difficulties, disabilities and/or health issues and offers a range of additional support. Please help us to support you by completing the following section. Any disclosure you make will be used only to help us offer the appropriate support or consider making reasonable adaptations that would support you in your course.

Do you consider yourself to have:

Dyslexia? Yes No

A hearing impairment? Yes No

A mental health difficulty? Yes No

If you consider yourself to have a learning difficulty, disability and/or health issue, please tick the relevant boxes below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> Other (Please specify below): _____ |
| <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Moderate learning difficulty | |
| <input type="checkbox"/> Other medical condition (e.g. epilepsy, diabetes) | <input type="checkbox"/> Severe learning difficulty | |
| <input type="checkbox"/> Emotional/behavioural difficulties | <input type="checkbox"/> Dyscalculia | |
| <input type="checkbox"/> Temporary disability after illness/accident | <input type="checkbox"/> Other specific learning difficulty | |

D. RESIDENCY DETAILS (THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS)

Have you been resident in the UK, European Union (EU) or European Economic Area (EEA) for the last three years? Yes No

What is your nationality? (e.g. British) _____

If you have not been resident in the UK, EU or EEA for all of the previous three years, please provide the following information:

In which country did you live permanently before entering the EEA? _____

Date of entry to the EEA: (dd/mm/yy) / /

E. EDUCATION

Please list below all the qualifications you have or will be taking before the start of the course. You must give the result of each qualification (e.g. grade A*, A, B, C or Pass, Merit, Distinction). If you have not yet completed the qualification(s), please give your predicted results. These details will help us to place you on the most suitable course. Continue on a separate sheet if necessary.

Subject (e.g. Maths)	Qualification (e.g. GCSE)	Predicted grade (if not completed)	Result/grade (if completed)	Date completed

Please give details of your current or last school/college/university below:

School/College: _____ Town: _____

Dates attended: From: Month _____ Year _____ To: Month _____ Year _____

F. FURTHER INFORMATION

How did you hear about the course/College? Please tick one box only.

- | | | |
|--|--|--|
| <input type="checkbox"/> I'm already at the College/I'm a former student | <input type="checkbox"/> Leaflet/Poster/Course Guide | <input type="checkbox"/> At school |
| <input type="checkbox"/> Careers guidance | <input type="checkbox"/> Local knowledge | <input type="checkbox"/> College website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other website (not West Kent College) |
| <input type="checkbox"/> Exhibition/Open Day | <input type="checkbox"/> Online advert | <input type="checkbox"/> Other (Please give details below): |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Radio | _____ |

G. DECLARATION

Do you have any criminal convictions as defined in the Rehabilitation of Offenders Act 1974?
Or, are you currently serving a sentence imposed following a criminal conviction?

Yes No

(I understand that the information disclosed will be used for the purpose of the College determining suitability & fitness for the course and the College managing & maintaining a safe environment.)

Please tick this box if this form was completed by another person on your behalf:

I confirm that the information I have given on this form is correct and complete. I understand and accept that the information I have provided will be used for internal administrative processes and for marketing and research purposes. I understand that it will be used in accordance with the Data Protection Act 1998.

Applicant's signature: _____ Date: _____

Please post this form to: Chrissy Wright, School Links Coordinator, Hadlow College, Hadlow, Tonbridge, Kent TN11 0AL
Alternatively, hand it in to the campus reception or scan to chrissywright@northkent.ac.uk