

Full-Time Further Education Application Form



This form is for further education courses only. For higher education courses please apply through www.ucas.ac.uk/apply.
If you need any help or advice on completing this form, please contact our College Information & Recruitment Services department on freephone **0500 551434**.

If you would like to have this form on a compact disc, audio tape, or Braille, please call the College Information & Recruitment Services department on freephone **0500 551434**.

We celebrate equality and diversity and offer equal opportunities to all.

Personal details
Surname:
Forename(s):
Date of birth:
Title: Mr/Mrs/Ms/Miss/Other (please state):
Nationality:

Unique Learner Number (if known)
No:

Contact details
Address:
Postcode:
Home tel:
Mobile tel:
Email:

Residency
Have you been permanently resident in the UK for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of residency:
If no, please state where you have been living and why:
If no, please give your Date of Entry to the UK:

Please tick the box that describes your ethnic origin	
English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any Other White background <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	Black / African / Caribbean / Black British <input type="checkbox"/>
Mixed / Multiple ethnic group <input type="checkbox"/>	African <input type="checkbox"/>
White and Black Caribbean <input type="checkbox"/>	Caribbean <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Any other Black / African / Caribbean background <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Arab <input type="checkbox"/>
Any Other Mixed / multiple ethnic background <input type="checkbox"/>	Other <input type="checkbox"/>
Asian / Asian British <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Indian <input type="checkbox"/>	Not known/not provided <input type="checkbox"/>
Pakistani <input type="checkbox"/>	

Your choice of course
Course name:
College Campus: Hadlow <input type="checkbox"/> Mottingham <input type="checkbox"/> Canterbury <input type="checkbox"/>

Next of kin details
Name of next of kin:
Relationship to you:
Address (if different to left):
Postcode:
Home tel:
Mobile tel:

Care leavers and looked after children
At Hadlow College we welcome applications from students who have been in care, and for the care leavers currently studying here we are able to offer a wide range of tailored support and guidance.
Have you spent any time in Local Authority care? Yes <input type="checkbox"/> No <input type="checkbox"/>
We will only share this information with third parties following your consent and only if essential for the purpose of implementing any agreed support. It may be used for monitoring by the College to improve our service to you.

Meeting your individual needs	
Do you consider yourself to have a disability? If so, specify from the list below.	
01 Visual impairment <input type="checkbox"/>	08 Temporary disability after illness (for example post-viral) or accident <input type="checkbox"/>
02 Hearing impairment <input type="checkbox"/>	09 Profound complex disabilities <input type="checkbox"/>
03 Disability affecting mobility <input type="checkbox"/>	10 Aspergers syndrome <input type="checkbox"/>
04 Other physical disability <input type="checkbox"/>	90 Multiple disabilities <input type="checkbox"/>
05 Other medical condition (for example epilepsy, asthma, diabetes) <input type="checkbox"/>	97 Other <input type="checkbox"/>
06 Emotional/behavioural difficulties <input type="checkbox"/>	98 No disability <input type="checkbox"/>
07 Mental health difficulty <input type="checkbox"/>	99 Not known/information not provided <input type="checkbox"/>

Do you consider yourself to have a learning disability? If so, specify from the list below.	
01 Moderate learning difficulty <input type="checkbox"/>	20 Autism spectrum disorder <input type="checkbox"/>
02 Severe learning difficulty <input type="checkbox"/>	90 Multiple learning difficulties <input type="checkbox"/>
10 Dyslexia <input type="checkbox"/>	97 Other <input type="checkbox"/>
11 Dyscalculia <input type="checkbox"/>	98 No learning difficulty <input type="checkbox"/>
19 Other specific learning difficulty <input type="checkbox"/>	99 Not known/information not provided <input type="checkbox"/>

I give my permission for this information to be passed to those persons within the College who are involved in providing Additional Support, including Teaching Staff, the Exams Office and the Learning Support Staff.

Signed:
Date: / /
If you would like to speak to someone in confidence about your individual needs, please contact the Recruitment Office on freephone 0500 551434 .

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How did you find out about the courses we offer at the College?

Teacher/Careers Teacher General Exhibition/Show (e.g. Kent County Show, Connexions Adviser/Careers Office South of England Show)

Friend/Relative/Employee/Student/Former Student College Website

Newspaper/Magazine Advertisement Social Media Website (e.g. Facebook, Twitter, YouTube etc)

Newspaper/Magazine Article Search Engine (e.g. Google, Bing etc)

Radio Advertisement Other Website

Leaflet Other

School Careers Event/Other Careers Event _____

College Organised Event (e.g. Lambing Weekend, College Open Day) _____

Your qualifications

Please list the qualifications you have or will be taking, including predicted grades, using extra sheets of paper if necessary. These details will help us advise you on the most suitable course. Please attach photocopies of any qualifications you have already achieved.

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Subject / Level: _____ Predicted grade: _____

Actual grade: _____ Date of exam: / /

Personal interests and experience

Please state why you wish to enrol at Hadlow College and include any work experience, hobbies and career ambitions:

continued on next column...

Personal interests and experience continued

School reference

Referee name: _____

Position / Job: _____

Address: _____

Postcode: _____

Tel: _____

Employer or friend reference

Referee name: _____

Position / Job: _____

Address: _____

Postcode: _____

Tel: _____

Disclosing Criminal Convictions

If there are any circumstances relating to a criminal conviction, which may be relevant to your studies at Hadlow College, it is important that you disclose this confidential information. If this applies to you, please enclose details in the form of a private letter with your application, marked for the attention of the Associate Director, Student Support Services. This will not disadvantage your application to join Hadlow College and we welcome applications from everyone.

Signature

I declare that to the best of my knowledge, the information given above is correct and that if accepted, I agree to comply with the College rules and regulations. I have read and understand the College policy on refunds / course cancellation. I confirm that I have been given sufficient guidance on course suitability, entry requirements, progression, financial advice and learning support. I agree to attend regularly and pay any relevant examination / registration fees. I agree to submit any required work and enter / sit any required examinations as part of the course.

Signed (student): _____

Date: / /

To be countersigned by parent / guardian if under 18.

Signed (parent / guardian): _____

Date: / /

Print name: _____

Relationship: _____

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations is available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.ypla.gov.uk/privacy.htm> and

<http://www.learningrecordservice.org.uk/privacy-copyright.htm>

Tick any of the following boxes if you do not wish to be contacted about courses or learning opportunities for surveys and research

By post By phone By email

In addition, the College may use this information after you have left to inform you about Alumni Association activities'. If you do not wish to receive this information please tick here.