

Application Form

FOR COLLEGE USE ONLY

Ref:

Date Received:

Acknowledged:

This form should be completed for any full-time **Further Education** course or **Apprenticeship** programme
(Please complete personal details in BLOCK CAPITALS)

Course Details

Full Time Further Education Course Apprenticeship (Please tick appropriate box)

Course and level
applying for

Address and Contact Details

Mr Mrs Ms Miss First Name

Middle Name Surname

Date Of Birth Gender: Female Male

Home Address

Postcode

Email

Contact telephone number

Nationality

What is your nationality?

Have you been a resident in the UK/EU in the last 3 years? Yes No

Education

Your current or previous High School/College attended

Current Year
Group
(If applicable)

<input type="text"/>	<input type="text"/>
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(continued overleaf)

Qualifications

Qualifications gained / estimated grades. (An additional sheet may be attached if required.)

GCSE Qualifications (or equivalent)		
Subject	Grade Achieved	Grade Predicted
Maths		
English		
Science		

And/Or

I have a Level 1 / Foundation Qualification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have a Level 2 Qualification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have a Level 3 Qualification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Support Needs

Do you have any learning difficulties or disabilities? Yes No

Do you have an Education, Health and Care Plan (EHC Plan)? Yes No

If you have answered yes to both/either of the above 2 questions, please provide a contact name, telephone contact number or e-mail for a parent/guardian

Certain details on this form will be stored for administrative and other purposes. Due to the Data Protection Act 1998, we need your consent before we do this, we cannot operate the college effectively without processing information about you, in signing this form you are agreeing with the following consent to process clause.

I agree to the College processing personal data contained in this form.

I understand that it is my responsibility to ensure that the information disclosed in this application is correct. I understand that disclosure of incorrect information may impact on my eligibility for funding and may result in my liability for fees or charges in relation to my programme of study.

Applicant signature

Date

Parent/carer signature (if under 18)

Date

Reaseheath College is committed to promoting fairness and inclusion for all and to promoting equal opportunities in all its activities.

Applications are welcome from all members of the community regardless of disability, gender, ethnic background and religious belief. The College will take into account any learning difficulties or disabilities and will endeavour to make reasonable adjustments to meet individual needs.

Completed application forms should be returned to:
Reaseheath College, Reaseheath, Nantwich, Cheshire, CW5 6DF, marked 'Application Form'