

Application Form

(Full time or Apprenticeship)



STUDENT ID (FOR OFFICE USE ONLY)

If you need help completing this form please ring 01202 205680.

PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS.

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PERSONAL DETAILS

Male		Female			Applicants NOT born in the United Kingdom please complete this section:
Surname:		Previous surname:			
Forename(s):				Country of birth:	
Date of birth:		Age on 31 Aug 2018:		Your nationality:	
Address for correspondence: Address:				Have you lived in the UK or other European Union/EEA country for the last 3 years?	
				Yes	
Postcode:				Emergency contact#1:	
Telephone:		Mobile:		Name:	
Email address:				Telephone:	
Parent/Guardian name, telephone and email address:					
National Insurance number (this will be required at point of enrolment at the latest)					

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WHAT WOULD YOU LIKE TO STUDY?

First Choice:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Both
Please write the name of the course you would like to study			
Second Choice:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Both
If you are applying for an Apprenticeship you could also consider a full time course. Tick this as your second course choice and we will discuss this with you at interview.			
Please note: You will be invited to attend an interview for your first choice ONLY. If you would like an interview for both courses please tick here			<input type="checkbox"/>
If you are applying for an Apprenticeship, do you already have an employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNSURE ABOUT WHICH COURSE TO APPLY FOR?

If you are unsure about which course to choose and would like careers advice please tick the box	<input type="checkbox"/>
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MOST RECENT SCHOOL/COLLEGE EDUCATION

Give details of all exams taken or pending Subject	Level eg. GCSE	Results		Name of School
		Predicted	Actual	
Maths				
English				
Other				
Other				
Other				
Other				

EMPLOYMENT

Please enter previous and present employment in date order (you may include details of voluntary work).

If you are applying for an Apprenticeship and your current employer is supporting you please tick here: ☐

Employer's name and address	Nature of work	From (date)	To (date)

WHAT DO YOU PLAN TO DO AFTER COMPLETING YOUR COLLEGE COURSE?

ADDITIONAL SUPPORT QUESTIONNAIRE

1. Do you have any health or medical conditions? Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Other – please give details:		5. Do you have any mental health issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 5 please give details:	
2. Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 2 please give details:		6. Is English your second language? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 6 please give details:	
3. Do you have a learning difference? (e.g. Dyslexia, Dyspraxia etc) Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 3 please give details:		7. Is there any other support you would require whilst at College? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 7 please give details:	
4. Do you have a social worker or support worker? Yes <input type="checkbox"/> No <input type="checkbox"/>		8. Do you have an Educational Health Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you require additional space for any questions, please use a separate sheet of paper

Please declare whether you have relevant* convictions or current proceedings against you. Yes ☐ No ☐

*If you answer yes we will contact you and ask for more details. We are only interested in proceedings or criminal convictions that relate to violence, are of a sexual nature or involve unlawfully supplying controlled drugs or substances. If you fail to declare information it may result in disciplinary action being taken against you once you have enrolled at the college. You will need to declare ALL criminal convictions if you apply for a course in Support/Teaching or Childcare.

PLEASE RETURN THIS FORM TO:

ADMISSIONS, THE BOURNEMOUTH & POOLE COLLEGE, FREEPOST BH969, BH14 0BR (No stamp required)

The College Admissions team will acknowledge receipt of your application form (usually within 5 working days). If you have any queries regarding the progress of your application please contact Admissions on 01202 205680

All personal information that Bournemouth & Poole College holds is processed in accordance with current UK data protection legislation. The College is the data controller and contact details for our data protection officer can be found on our website. [HYPERLINK "http://www.thecollege.co.uk"](http://www.thecollege.co.uk) www.thecollege.co.uk. The information you provide on this form will be used for providing the services outlined in this document. Your data may be shared with other public bodies for purposes of funding and regulatory compliance. We will contact you where necessary in order to provide the service detailed in this document. For more information about how we use your data, please see our full privacy notice at [HYPERLINK "http://www.thecollege.co.uk/privacy-notice"](http://www.thecollege.co.uk/privacy-notice) www.thecollege.co.uk/privacy-notice

The College is committed to equal opportunities. See our Equality and Diversity policy on The College website for more details. We may contact any recent education provider to request information. By signing this document you agree that your personal information can be processed and used in this way.

☐ I confirm I have read the College Terms and Conditions and College Payment Policy. These can be found online - [thecollege.co.uk/policy](http://www.thecollege.co.uk/policy)

DECLARATION

I confirm that to the best of my knowledge the information given on this form is correct.

Signature of applicant:

Date: