

Application Form (Access to Higher Education)



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

STUDENT ID (FOR OFFICE USE ONLY)

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: Have you lived in the UK or other European Union/EEA country for the last 3 years?			
Surname:								
Forename(s):								
Date of birth:			Age on 31 Aug 2018:		Yes		No	
Address for correspondence: Address:					Country of birth:			
					Your nationality:			
					Emergency contact#1:			
Postcode:					Name:			
Telephone:					Telephone:			
Mobile:					Emergency contact#2:			
Email address:					Name:			
National Insurance Number:					Telephone:			

*Remember to include your National Insurance Number

WHAT WOULD YOU LIKE TO STUDY?

I wish to apply for the following Access to Higher Education Diploma course (please tick appropriate box):

Humanities: <i>Business, Law, Literary Studies, Psychology, Sociology, History</i>	<input type="checkbox"/>	Media	<input type="checkbox"/>
Forensic Science	<input type="checkbox"/>	Science	<input type="checkbox"/>
Health Professions	<input type="checkbox"/>	Computing	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	Music	<input type="checkbox"/>
		Pre-Access: Return to Study	<input type="checkbox"/>
I am undecided & would like preliminary guidance with career guidance staff			<input type="checkbox"/>

* Referee name and address will be required.

MOST RECENT SCHOOL/COLLEGE EDUCATION

Give details of exams taken or pending Subject	Level eg. GCE/ GCSE/ OCN/NVQ	Results		Date achieved (if applicable)	School/College
		Predicted	Actual		
Maths/Numeracy					
English/Literacy					
Any other qualification					

IMPORTANT Additional Information

Please note: The information you provide will be used when considering your application

Explain why you wish to follow an Access to HE Diploma course. Please indicate possible career destinations and provide details of career/university research undertaken. Your answer to this question will be used to assess your ability to research your choices and goals.

(A minimum of 300 words is recommended - please use separate sheet)

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Please enter previous and present employment in date order (you may include details of voluntary work) - use separate sheet if needed. 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)

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	No
2. Do you have a disability? If you answered 'Yes' to question 2 please give details:	If you answered 'Yes' to question 5 please give details:		
3. Do you have a learning difference? (e.g. Dyslexia, Dyspraxia etc) If you answered 'Yes' to question 3 please give details:	6. Is English your second language?	Yes	No
4. Do you have a social worker or support worker?	7. Is there any other support you would require whilst at College? If you answered 'Yes' to question 7 please give details:	Yes	No
	8. Do you have an Educational Health Care Plan?	Yes	No

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

Please note that by completing this form your details will be held on our student record system and will be used for the purposes of administration, guidance and monitoring and to assist you with your education whilst at The College. As part of our admissions process we will send you information and communications relating to your application and admissions (by email, text, post or phone). The College complies with the Data Protection Act 1998. After you have applied, The College will occasionally make student information available to external agencies (e.g. examination boards, careers service, results publication, government agencies, prospective employers, etc.). We will also share your information with your current school and any other nominated support worker or representative you may be working with to help you through our application process. The details you have provided may also be shared with internal/external support staff to ensure the appropriate support is provided. The Data you supply may also be used to check for or obtain a unique learner number. For further information about the use of your personal data please see The College Regulations which explain how the data is passed to the relevant data and funding agencies

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

DECLARATION

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

Signature of applicant:

Date: