

All sections to be completed in ink in BLOCK CAPITALS. Your application will be acknowledged within 10 working days of receipt. To prevent any delay in processing your application please ensure you complete all sections and that all information provided is correct.

SECTION A: Course Details

1. Course title:

2. I want to start in the year: I want to study: Full-time Part-time

SECTION B: Personal Details The names you give below must be your full legal names.

1. If you have studied at Guildford College Group before, please provide your ID number:

2. Title: (please tick) Mr Mrs Miss Ms Other (please specify) _____

3. Sex: (please tick) Male Female 4. Date of birth: 5. Age:

6. Surname/Family Name:

7. Previous Surname/Family Name:

8. First Name/Given Name:

9. Middle Name(s):

10. Home Address:

11. Postcode:

12. Telephone (home): 13. Mobile Number:

14. Email (personal):

15. Term Time Address (if different from above):

16. Postcode:

Whom should we contact in case of an emergency? (if you are under 18 years of age please give parent/guardian/social worker details).

17. Name:

18. Relationship:

19. Email:

20. Telephone (home): 21. Mobile Number:

22. Are you in, or have you recently left care?* Yes No Prefer not to say

23. Are you living independently? Yes No Prefer not to say

24. Do you have caring responsibilities for a parent/sibling/child/other? Yes No Prefer not to say

*This will enable us to offer you support services where appropriate.

SECTION C: Residency

1. What is your country of birth?

2. What is your nationality?

3. On the first day of your course which country will you have been living in for the past 3 years?

4. What date did you enter the UK/EU/EEA? Since Birth 5. Date of entry into the UK: (Non UK/EU Nationals only)

6. What type of immigration permission do you hold in the UK?

UK/EU National Indefinite Leave to Enter or Remain Refugee

Humanitarian Protection Discretionary Leave Exceptional Leave

Tier 4 Other (please specify) _____

If there is a time limit on your visa permission, what date does your visa expire?

SECTION D: Ethnicity Please tick the box that best describes your ethnic group or background.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>White</p> <p><input type="checkbox"/> 31 English/Welsh/Scottish/N. Irish/British</p> <p><input type="checkbox"/> 32 Irish background</p> <p><input type="checkbox"/> 33 Gypsy or Irish Traveller</p> <p><input type="checkbox"/> 34 Any other white background</p> <p>Other Ethnic Groups</p> <p><input type="checkbox"/> 47 Arab</p> <p><input type="checkbox"/> 98 Any other</p> | <p>Mixed / Multiple Ethnic Groups</p> <p><input type="checkbox"/> 35 White and Black Caribbean</p> <p><input type="checkbox"/> 36 White and Black African</p> <p><input type="checkbox"/> 37 White and Asian</p> <p><input type="checkbox"/> 38 Any other mixed/multiple ethnic background</p> <p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> 44 African</p> <p><input type="checkbox"/> 45 Caribbean</p> <p><input type="checkbox"/> 46 Any other black background</p> | <p>Asian / Asian British</p> <p><input type="checkbox"/> 39 Indian</p> <p><input type="checkbox"/> 40 Pakistani</p> <p><input type="checkbox"/> 41 Bangladeshi</p> <p><input type="checkbox"/> 42 Chinese</p> <p><input type="checkbox"/> 43 Any other Asian background</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SECTION E: Support Services The information you supply here will be used to identify any support needs you may require.

1. Do you have a disability or learning difficulty? Yes No

2. Do you have a medical condition or health difficulty that may affect your attendance or participation? Yes No

3. Do you have Educational Health Care Plan (EHCP) or a LDA? Yes No

If you have answered yes to any of the questions above, please provide details ticking all that apply below.

If you would prefer to disclose privately please tick here.

| | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 4 Visual impairment | <input type="checkbox"/> 8 Social and emotional difficulty | <input type="checkbox"/> 12 Dyslexia | <input type="checkbox"/> 16 Temporary disability after illness (for example post viral) or accident |
| <input type="checkbox"/> 5 Hearing impairment | <input type="checkbox"/> 9 Mental health difficulty | <input type="checkbox"/> 13 Dyscalculia | <input type="checkbox"/> 93 Other physical disability |
| <input type="checkbox"/> 6 Disability affecting mobility | <input type="checkbox"/> 10 Moderate learning difficulty | <input type="checkbox"/> 14 Autism spectrum disorder | |
| <input type="checkbox"/> 7 Profound complex disabilities | <input type="checkbox"/> 11 Severe learning difficulty | <input type="checkbox"/> 15 Asperger's syndrome | |
| <input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia - please specify) _____ | | | |
| <input type="checkbox"/> 95 Other medical condition (for example epilepsy, asthma, diabetes) | | | |
| <input type="checkbox"/> 96 Other learning difficulty | <input type="checkbox"/> 97 Other disability (please specify) _____ | <input type="checkbox"/> 98 Prefer not to say | |

SECTION F: Education Reference If you are currently in full-time education please provide details of your school/college.

School/college name:

Address:

 Postcode:

Please note: We may contact your previous school/college for an academic reference.

SECTION G: Employer Reference If you are being sponsored by your employer to do this course please provide details of your employer.

Company name:

Address:
 Postcode:

Contact name:

Telephone:

SECTION K: How Did You Hear About Us?

| | | |
|----------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> I live locally | <input type="checkbox"/> College website | Have you seen or heard any of the following promoting the College? |
| <input type="checkbox"/> I am a previous student | <input type="checkbox"/> Other website e.g. Hotcourses, Learndirect | |
| <input type="checkbox"/> Recommended by friends/family | <input type="checkbox"/> Event at the College | |
| <input type="checkbox"/> Recommended by my employer | <input type="checkbox"/> College stand at an external event | |
| <input type="checkbox"/> Recommended by school/college/adviser | <input type="checkbox"/> College presentation at my school | |
| <input type="checkbox"/> College Advertising | | |
| | | |

SECTION L: Criminal Conviction To be completed by ALL students.

The College recognises it has a Duty of Care to staff and students and reserves the right not to enrol a person where there is evidence that they could be a threat or danger to others. Declaring a conviction will not necessarily prevent you from being offered a place at Merrist Wood College but failure to disclose something which we later become aware of could result in disciplinary action or your enrolment being cancelled. You must disclose all unspent convictions of any offence. You do not have to tell us about any convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974), or about any cautions, reprimands or final warnings. For further advice about whether convictions are unspent please contact the NACRO helpline on 020 7840 7200 or their website www.nacro.org.uk

Do you have any unspent criminal convictions? Yes No

Do you have any relevant criminal convictions? Yes No

('Relevant' means offences against a person, whether of violent or sexual nature and convictions involving unlawful supplying or possession of controlled drugs or substances).

Do you have any serious criminal charges awaiting trial? Yes No

If you have ticked YES to any of the boxes above you will need to complete a confidential form giving details of your circumstances (available on request). Please note that some of our courses that involve working with children or vulnerable adults (such as Health and Social Care, Childhood Studies or Teaching) require an enhanced Disclosure and Barring Services (DBS Check) which requires you to disclose spent and unspent convictions, as well as cautions, reprimands and final warnings in the context of legislation on safeguarding children and vulnerable adults.

SECTION M: Privacy Notice How we use your information.

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Skills Funding Agency") and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training.

You can opt out of contact for other purposes by ticking any of the following boxes:

I do not wish to be contacted by the Agency about courses or learning opportunities.

I do not wish to be contacted by the Agency for surveys and research

I do not wish to be contacted by the Agency by Post Phone E-mail

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: www.gov.uk/government/publications/sfa-privacy-notice

You can opt-out of sharing your participation and achievement data by ticking here

You can opt out at any time in the future by contacting the LRS Customer Helpdesk on 0845 602 2589 or following the advice on the LRS website: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>

SECTION N: Declaration

I confirm all the information provided on this form is correct. I will update the College if any of my personal details (e.g. address) change. I understand that any information I provide may be passed onto members of staff for the purposes of supporting me on my programme of study. The College reserves the right to change or cancel the courses. Please refer to the terms and conditions in the College prospectuses. Guildford College Group has to record and use personal information about you in order to provide your course and claim funding on your behalf. The information you provide us on this form will allow us to share information with Government departments to enable them to carry out their statutory functions. This includes but is not limited to, Surrey County Council and other local authorities, virtual schools, ALPS (association of Learning Providers), the Police, Home Office, Border Agency and any other bodies connection with VISA applications or fraud detection.

Student signature _____

Date _____

Parent/Guardian Signature _____
(if under 18)

Date _____

If you require the Application Form in an alternative format, e.g. enlarged print or braille, or require assistance then please contact the Additional Learning Support Team on 01483 448 717.

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