

## PERSONAL DETAILS

Title:	First Name:
Address:	
Postcode:	
Email Address:	
Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ___ / ___ / ___	Age on 31/08/18:
National Insurance Number:	
Home Tel Number:	
Personal Mobile Tel Number:	

### SAFEGUARDING INFORMATION

Next of Kin/Carer Name:
Contact Tel Number:
Email Address:
Are you currently or have you recently been in foster care or in care of the local authority?: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' which council looks after you?.....
Name of social worker/support worker?.....
Do you live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No

## ETHNICITY DETAILS

Please tick one box which best describes your ethnic origin:  
(The College requires this information to monitor Applications with regard to its Equal Opportunities Policy)

<input type="checkbox"/> White <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any Other White Background <b>Mixed/Multiple Ethnic Group</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any Other Mixed/Multiple Ethnic Background	<b>Asian/Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian Background <b>Black/African/Caribbean/Black British</b> <input type="checkbox"/> African	<input type="checkbox"/> Caribbean <input type="checkbox"/> Any Other Black/African/Caribbean Background <b>Other Ethnic Group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any Other Ethnic Group
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## RESIDENCY DETAILS

Have you lived in the UK for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of entry into UK: ___ / ___ / ___
If 'No' please state which country you lived in previously:	
Have you come to this country with the purpose of taking full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DISABILITIES, MEDICAL CONDITIONS & LEARNING SUPPORT DETAILS

Do you think you have a learning difficulty and need support with your learning?  Yes  No  
If 'Yes' please tick below which applies to you:

<input type="checkbox"/> Autism Spectrum Disorder (14)	<input type="checkbox"/> Mild/Moderate Learning Difficulty (10)	<input type="checkbox"/> Other Specific Learning Difficulty (94)
<input type="checkbox"/> Dyscalculia (13)	<input type="checkbox"/> Severe Learning Difficulty (11)	Please provide details: _____
<input type="checkbox"/> Dyslexia (12)	<input type="checkbox"/> Speech, Language & Communications Needs (17)	_____

Do you have an Education Health Care Plan (EHCP)?  Yes  No

Do you think you have a disability or medical condition?  Yes  No  
If 'Yes' please tick below which applies to you:

<input type="checkbox"/> ADD/ADHD (95)	<input type="checkbox"/> Mental Health Difficulty (09)	<input type="checkbox"/> Visual Impairment (04)	<input type="checkbox"/> Other Disability (97) (please provide details): _____
<input type="checkbox"/> Aspergers Syndrome (15)	<input type="checkbox"/> Other Physical Disability (93)	<input type="checkbox"/> Wheelchair User (06)	_____
<input type="checkbox"/> Asthma (95)	<input type="checkbox"/> Profound Complex Disabilities (07)	Please specify the severity of your condition or state the main condition if you have ticked more than one box: _____	
<input type="checkbox"/> Diabetes (95)	<input type="checkbox"/> Social & Emotional Difficulties (08)	_____	
<input type="checkbox"/> Disability Affecting Mobility (06)	<input type="checkbox"/> Temporary Disability After Illness or Accident (16)	_____	
<input type="checkbox"/> Epilepsy (95)		_____	
<input type="checkbox"/> Hearing Impairment (05)		_____	

Do you think you require support or adaptations in College?  Yes  No  
Please specify any prescribed medication you are taking: \_\_\_\_\_  
Please list any allergies relevant to your proposed course: \_\_\_\_\_

## COURSE DETAILS

Please state which course you wish to study as indicated in the course guide:
<input type="checkbox"/> Please tick here if you are unsure about which course to choose and if you would like an Information, Advice and Guidance interview prior to application
What are your career or higher education aims? (if known):

I declare that to the best of my knowledge the information I have given is a true and correct record and I give my consent to East Surrey College processing this information in accordance with the Data Protection Act 1998.

I understand that some of the information requested will be stored and may be made available to the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). For the purposes of the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN).

Tick this box if you DO NOT consent to your personal data being shared with any partner organisations with whom the College has a data sharing agreement, when needed, to enable assistance with effective participation in education or training.

## EDUCATION

Have you attended this College before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', which course did you take?
Name of present or last school or college?	
Dates of attendance (state Month and Year): From: ___/___/___ To: ___/___/___	
Previous studies: Examinations taken or to be taken - if none, please write NONE	

Subject and Level (BTEC/GCSE/AS/A Level or other qualification)	Grade Passed / Predicted	Year of examination

## REFERENCE

Please provide the name and address of someone who could give you a reference. If you are at school or have left this year, this could be your Head Teacher or Head of Year/House. If you have a recent pupil reference from your school, please attach a copy to this form.

If you are a mature student, please provide the name and address of a personal or work referee.

Title:	First Name:	Address:
Surname:		
Daytime Tel Number:		
Email Address:		
	Postcode:	

## OTHER DETAILS

Do you have any unspent criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(If you tick 'yes' you will be contacted by a member of our Advice and Guidance team for further information. A criminal conviction may prevent you from enrolling on certain courses)</small>

## MARKETING EVALUATION

Are you a current East Surrey College student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where have you seen marketing promotions for your course/ESC? (Please tick all that apply)			
<input type="checkbox"/> Billboard	<input type="checkbox"/> Employer	<input type="checkbox"/> Job Centre Plus	<input type="checkbox"/> Search Engine (eg Google)
<input type="checkbox"/> Bus Stop/Tram Advert	<input type="checkbox"/> Facebook/Instagram	<input type="checkbox"/> Leaflet	<input type="checkbox"/> Text Message
<input type="checkbox"/> College Open Event	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Twitter
<input type="checkbox"/> Course Guide	<input type="checkbox"/> Former/Current Student	<input type="checkbox"/> Press Advert	<input type="checkbox"/> Website
<input type="checkbox"/> Email	<input type="checkbox"/> Hotcourses/Floodlight	<input type="checkbox"/> School/College	<input type="checkbox"/> Other: (please state)

## FOR ALL APPLICANTS

I apply for admission as a student to East Surrey College. I confirm that the information on this form is correct.

Signature of Applicant:	Signature of Parent/Guardian (if under 18):
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If you have any queries regarding this form, please contact Client Services on 01737 788444.

Return to: **Client Services, East Surrey College, Gatton Point, London Road, Redhill, Surrey RH1 2JX**

## OFFICE USE ONLY

EBS Number:	Reference Requested:
Date Received:	Reference Received:
Date Acknowledged:	



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