



## **Application Form 2025/26**

Please complete all sections in BLOCK CAPITALS and sign on last page.

The details you provide on this application form are subject to GDPR and the Data Protection Act 2018. For further information please visit www.esc.ac.uk or www.johnruskin.ac.uk.

OFFIC	DE USE ONLY
EBS:	

PERSONAL DETAILS	
Title: First Name(s):	Surname:
Preferred Name: Date of Birth	h: DD / MM / YYYYY Age on 31/8/25: Gender: □ M □ F □ Mx
Current Address:	
	Postcode:
Home Tel:	Mobile:
Email:	National Insurance Number:
NEXT OF KIN/GUARDIAN CONTACTS	
It is mandatory for those aged 16-18 years old to provi	de <u>two</u> next of kin/guardian contacts.
Primary Next of Kin/Guardian Name:	☐ Same address as above
Relationship to student?	
Primary Next of Kin/Guardian Tel:	Email:
Secondary Next of Kin/Guardian Name:	☐ Same address as above
Relationship to student?	
Secondary Next of Kin/Guardian Tel:	Email:
Are you currently or have you recently been in foster care	e or in care of the local authority?   Yes   No
If 'Yes', which Local Authority looks after you?	Do you live independently? ☐ Yes ☐ No
Name of social worker/support worker?	Are you a young carer? ☐ Yes ☐ No
ETHNICITY DETAILS	
Please tick one box which best describes your ethnic (The College requires this information to monitor Applicati	
White	Asian/Asian British
<ul> <li>□ English/Welsh/Scottish/Northern Irish/British (31)</li> <li>□ Irish (32)</li> <li>□ Gypsy or Irish Traveller (33)</li> <li>□ Any other White background (34)</li> </ul>	<ul> <li>□ Indian (39)</li> <li>□ Pakistani (40)</li> <li>□ Bangladeshi (41)</li> <li>□ Chinese (42)</li> <li>□ Any other Asian background (43)</li> </ul>
Mixed/Multiple Ethnic Group  ☐ White and Black Caribbean (35) ☐ White and Black African (36) ☐ White and Asian (37) ☐ Any other Mixed/Multiple Ethnic background (38)	Black/African/Caribbean/Black British  ☐ African (44) ☐ Caribbean (45) ☐ Any other Black/African/Caribbean background (46)  Other Ethnic Group ☐ Arab (47) ☐ Any other ethnic group (98) ☐ Do not wish to declare (99)
RESIDENCY DETAILS	
Nationality:	
Have you lived in the UK for the last 3 years? $\Box$ Yes	□ No
If 'No' which country did you live in previously:	
Date of entry into UK: DD / MM / YYYY	

DISABILITIES, MEDICAL CONDITIONS & LEARNI	NG SUPPORT DETAILS
Have you been diagnosed with a learning difficulty or disab with your learning?	ility or medical condition and need support
$\square$ Yes $\square$ No $\square$ Prefer not to say (98)	
Learning difficulty	
<ul> <li>□ Autism Spectrum Condition (14)</li> <li>□ Dyscalculia (13)</li> <li>□ Dyslexia (12)</li> <li>□ Mild/moderate learning difficulty (10)</li> <li>□ Severe learning difficulty (11)</li> </ul>	<ul> <li>□ Speech, language and communications needs (17)</li> <li>□ Other specific learning difficulty (96)</li> <li>Please provide details: (eg Dyspraxia)</li> </ul>
Disability or medical condition	
<ul> <li>□ ADD/ADHD (95)</li> <li>□ Aspergers Syndrome (15)</li> <li>□ Asthma (95)</li> <li>□ Diabetes (95)</li> <li>□ Disability affecting mobility (06)</li> <li>□ Epilepsy (95)</li> </ul>	<ul> <li>□ Other physical disability (93)</li> <li>□ Profound complex disabilities (07)</li> <li>□ Social and emotional difficulties (08)</li> <li>□ Temporary disability after illness or accident (16)</li> <li>□ Visual impairment (04)</li> <li>□ Other disability (97) Please provide details:</li> </ul>
<ul> <li>☐ Hearing impairment (05)</li> <li>☐ Mental health difficulty (09)</li> <li>☐ Down Syndrome (18)</li> </ul>	
Please specify the severity of your condition or state the main	Condition if you have ticked more than one box:
Do you think you require support or adaptations in College?	☐ Yes ☐ No
Do you have an Education Health & Care Plan* (EHCP)?  If Yes, who is your Local Authority?	□ Yes □ No
Are you known to a safeguarding or pastoral team?	□ Yes □ No
Please specify any prescribed medication you are taking:	
Please list any allergies:	
* We will need a formal consultation with your home Local Authority before	ore arranging a course interview to be able to meet your support needs.
COURSE DETAILS	
Where are you applying to study? (Tick one box only)	
☐ East Surrey College ☐ John Ruskin College	
Please state which course(s) you wish to study as indicated in t	
1.	2.
☐ Please tick here if you are unsure about which course to check Advice and Guidance interview prior to application	noose and if you would like an Information,
What are your career or higher education aims? (if known):	

EDUCATION					
Have you attended East Surrey College or Jo	ohn Ruskin College before?	☐ Yes ESC	□ Yes c	JRC □ N	0
If 'Yes', which course did you take?					
Name of present or last school or college?					
Address:					
		Postcode	):		
Dates of attendance (state Month and Year):	from MM / YYYY to MM	//YYYY			
PREVIOUS STUDIES: examinations taken		ase write NONE		Grade Passed	
Subject and Level (BTEC/GCSE/AS/A Level of	or other qualification)		/	Predicted	Examination
REFERENCE					
Please provide the name and address of som this could be your Head Teacher or Head of N a copy to this form. If you are a mature stude	rear/House. If you have a rece	ent pupil referenc	e from yo	our school, pl	ease attach
Title: First Name(s):	Surname:				
Address:					
		Postcode	<b>)</b> :		
Daytime Tel. Number:					
Email:					
DECLARATION OF CRIMINAL CON	VICTIONS				
Do you have any convictions, cautions, rep	orimands, final warnings or				rotected as
defined by the Rehabilitation of Offenders  ☐ Yes ☐ No	Act 1974 (Exceptions) Order	r 1975 (as amen	ded in 20	013)?	
As a duty of care to staff and students, the C could be a threat or danger to others. Declaridisclose something of which we later become	ng convictions may not preve	nt you from being	g offered	a place but t	ailure to
MARKETING EVALUATION					
Are you a current student of: (please tick bo				ollege	□ Neither
☐ Email or Leaflet ☐	ns for your course? (please the Family or Friend recommend Job Centre Plus School or College Event	lation   So	ocial Mec ebsite	lia	

## **CONFIRM YOUR APPLICATION**

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 the College processing this information in accordance with GDPR and the Data Protection Act 2018.

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 2018, 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 crea	ate and maintain a unique learner r	number (ULN) and a personal learnin	ig record (PLR).
For more information about how wour privacy notice at: www.esc.ac.		ion relating to exercising your individ	dual rights please see
Further to the above statement, to share your data with your sec		t/a Orbital South Colleges require d research purposes.	s permission from you
I give permission for my data to b once I have progressed onto high ☐ Yes ☐ No	-	ol, which will be used for reporting	on student destination
or coursework may be used to ce I give permission for East Surrey ( coursework in any printed and/or defamatory manner and shall kee	lebrate student success or to pro College Corporation t/a Orbital So electronic promotional materials. p it secure throughout the period	classroom or around the College. Y mote courses and the work of the C uth Colleges to publish my image, The Colleges will not utilise my per of its use. I understand that I can w ot be recalled if I choose to withdra	Colleges. name and/or sonal data in a vithdraw my permissior
MAILING LIST We would like to keep you up-to-	data with the latest nows, events	and course launches by joining our	· mailing list
<ul> <li>☐ Yes please, I'd like to join the m</li> <li>☐ No thanks, I don't want to join</li> </ul>	nailing list	and course launches by joining our	mailing list.
I am happy for the College to con  ☐ Email ☐ Post ☐ Phone	tact me by:		
	•	our emails or by emailing marketin icy pages on our website or visit w	_
		■ East Surrey College ■ Joh ot record and I give my consent to n Act 2018.	
Signature of Applicant:	Sig	gnature of Parent/Guardian (if under	r 16):
Date:	Da	te:	
If you have any queries regarding t	his form, please contact Client Servic	es.	
		SUPPORTED BY MAYOR OF LONDON	Education & Skills Funding Agency
OFFICE USE ONLY	Date Received:	Reference Requested	1:

OFFICE USE ONLY	Date Received:	Reference Requested:
EBS Number:	Date Acknowledged:	Reference Received:

EAST SURREY COLLEGE, Client Services, Gatton Point, London Road, Redhill, Surrey RH1 2JX 01737 788444 | clientservices@esc.ac.uk | www.esc.ac.uk