



Course Application Form (valid for use until 31/07/21)

If you require this application form in large print or need help completing it please call 01752 305300

Administration use only

MIS No

To apply for a course at City College Plymouth please complete sections A-G in BLOCK CAPITALS in black ink only, and sign section H. Please save your completed form to your computer and then forward to the Admissions team at: admissions@cityplym.ac.uk. Alternatively please send it to: FREEPOST RRGZ-EALH-SACS, Applications Office, City College Plymouth, Kings Road, Devonport, Plymouth, PL1 5QG

A: COURSE DETAILS

Enter the details of the course(s) you would like to apply for

Start Date Month/Year	Course Code	Title and Level (eg Media, Level 3)	Full-time	Part-time	*Apprenticeship
<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you would like to study this course as part of an Apprenticeship, do you have an employer/sponsor? Yes No
If yes, please provide the following information:

Employer's name Employer's telephone number

Is your employer/sponsor paying for your course? Yes No If yes, please ensure you complete section F.

B: PERSONAL DETAILS

Title Dr, Mr, Mrs, Miss, Ms, Mx Other First name(s)

Known as Family name (surname)

Previous surname Date of birth: day month year

Sex: female male National Insurance No.

Permanent address Address you would like information sent to (if different)
Postcode Postcode

Number of years at current permanent address If less than three years, please state previous postcode

Telephone numbers: home mobile

E-mail address

Please state your nationality Is English your second language? Yes No

Please tell us how many years/months you have been living in the UK or European Economic Area as a permanent resident: years months

If less than three years, in which country have you been living?

Are you looked after by the Local Authority or Leaving Care Team? Yes No

Please tick the category you feel most describes your ethnic origin:

- | | | | |
|--|--|--|---|
| <p>WHITE</p> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Irish
<input type="checkbox"/> Any other White background | <p>MIXED/ MULTIPLE ETHNIC GROUP</p> <input type="checkbox"/> White and Asian
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Any other mixed/multiple ethnic background | <p>ASIAN/ASIAN BRITISH</p> <input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Any other Asian background | <p>BLACK/AFRICAN/ CARIBBEAN/BLACK BRITISH</p> <input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black/African/Caribbean background
<p>OTHER ETHNIC GROUP</p> <input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic group |
|--|--|--|---|

C: EDUCATION/QUALIFICATIONS

Please tell us which qualifications you have already gained, and which you are currently studying for.
If you have no previous qualifications please state "none". If you are currently being home-schooled please state "home-schooled".

Do you have a GCSE in English Language? Yes* No Do you have a GCSE in Maths? Yes* No

If yes, which grade were you awarded? GCSE English Language GCSE Maths

* If you have a GCSE Maths or English Language certificate, please enclose a photocopy with this application form.

Year	Subject	Type/Level (eg GCSE, NVQ Level 1)	Predicted Grade	Actual Grade	Evidence Seen (office use)

If you have been in education in the last two years, please give the name of the school or college you last attended or are currently attending

D: SUPPORT FOR YOUR COURSE

We offer a range of additional support to help you achieve to the best of your ability. Please tell us what support you may need. This information will be treated as confidential and will only be used to help us ensure you get the support you need on your course.

Do you have an Education, Health & Care Plan (EHCP)? Yes No Do you have a medical condition that needs treatment? Yes No

Have you received help or support to learn in the past year? Yes No

Disability, Learning Difficulty and/or Health Problem	Please tick ALL that apply		Choose ONE as your main support need	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary disability after illness (for example post-viral) or accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech, language and communication needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profound complex disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specific learning difficulty (eg dyspraxia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical condition (eg epilepsy, asthma, diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E: EMERGENCY AND PARENTAL CONTACT

Emergency/Parental Contact (if you are between 14 and 18 years of age this must be your parent/guardian/carer).

Please note: If you are aged under 18 at the point of enrolment, the College will provide a designated parental contact with information about your attendance, behaviour, progress and achievement. This will be your designated parental contact:

Name

Relationship (eg parent/guardian/carer)

Contact's telephone number

Contact's e-mail address

You can also nominate a second person to act as an emergency/parental/carer contact. Please fill out their details below.

Name

Relationship (eg parent/guardian/carer)

Contact's telephone number

F: EMPLOYER/SPONSOR INFORMATION

Please complete if your employer/sponsor is paying for your course.

Name of organisation

Contact at organisation

Contact's position at organisation

Contact's telephone number

Contact's e-mail address

Address

Postcode

G: REASON FOR APPLYING

Please tell us why you are applying for the course - do you want to get a particular job or is it because you are interested in the subject? Do you have any work experience that is relevant to this course? What is your career goal?

H: APPLICATION AGREEMENT

Criminal Convictions

To help us look after our students and assess risks please let us know if you have any criminal convictions as referred to below?

Yes No

City College Plymouth is an inclusive college and we are keen for all students to be well cared for. We therefore ask all applicants to declare if they have any criminal convictions of a **violent or sexual nature, or for the unlawful supply of controlled drugs or substances**. If you have answered 'yes' to the question above you will be asked to provide further details. Applicants with previous convictions will be subject to a fair assessment process.

Data Protection

Please read the following statements and then sign and date where indicated.

I consent to City College Plymouth collecting and processing my personal data, including special category data, under the General Data Protection Regulation 2018. I understand the College also processes my personal data as part of its public interest task in providing education to me, to comply with legal and statutory obligations and to ensure performance of the contract in relation to the academic year of the course I have applied for.

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number and to create your Personal Learning Record as part of the functions of the DfE. For more information about how your information is processed and to access your Personal Learning Record, please visit www.gov.uk/government/publications/lrs-privacy-notice.

I have read the further details about how the College processes my personal data which are contained in the College's Privacy Notice, available on the College website - www.cityplym.ac.uk/privacy-notice.

By signing this form you hereby agree to the terms and conditions of the General Data Protection Regulations 2018.
Applicant's signature

Day Month Year

The College will send you information about your course. However, we would also like to send you information about other learning opportunities, courses and events. If you wish to receive this information please let us know by ticking this box.

Thank you for completing this application form. Please check that you have completed sections A-H. Place it in an envelope and post to the address below. Please note: no stamp is required. FREEPOST RRGZ-EALH-SACS, Applications Office, City College Plymouth, Kings Road, Devonport, Plymouth PL1 5QG



This activity is part-financed by the European Social Fund (ESF). ESF supports activities to extend employment opportunities and develop a skilled workforce.

For office use only at application

Screening notes

Interview notes
Application fully completed Interviewed and offered place Applicant accepted place
Interviewer's signature _____ Print name _____ Date _____

Please ensure correct start date/course code/title is clearly stated in section A as this information will appear on the offer letter.