



Course Application Form (valid for use until 31/07/18)

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 send completed forms 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 please let us know if 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 (Mr, Mrs, Miss, Ms) Other First name(s)

Known as Family name (surname)

Date of birth: day month year Gender at birth: male female

Are you in the care of the Local Authority or Leaving Care Team? Yes No National Insurance No.

Permanent address Address for correspondence (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?

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

- | | | | |
|--|--|--|---|
| WHITE
<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 | MIXED/ MULTIPLE ETHNIC GROUP
<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 | ASIAN/ASIAN BRITISH
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Any other Asian background | BLACK/AFRICAN/ CARIBBEAN/BLACK BRITISH
<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black/African/Caribbean background
OTHER ETHNIC GROUP
<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 Maths? Yes* No Do you have a GCSE in English Language Yes* No

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

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

Year	Subject	Type and 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. Completing this section will not effect you getting onto a course.

Disability, Learning Difficulty and/or Health Problem	Please tick ALL that apply	Choose ONE as your main support need	Please tick ALL that apply	Choose ONE as your main support need
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	Asperger's syndrome	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	Temporary disability after illness or accident	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	<input type="checkbox"/>	Other learning difficulty - please state	<input type="checkbox"/>
Profound complex disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Other disability - please state	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Other physical disability - please state	<input type="checkbox"/>
Mental health difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Medical Condition	
Severe learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Please tell us about any medical conditions you may have eg epilepsy, diabetes or asthma ...	
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>		
Dyscalculia	<input type="checkbox"/>	<input type="checkbox"/>		
Autism spectrum condition	<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	<input type="text"/>	Permanent address	<input type="text"/>
Relationship (eg parent/guardian/carer)	<input type="text"/>		
Contact's telephone number	<input type="text"/>	Postcode	<input type="text"/>
Contact's e-mail address	<input type="text"/>		

F: EMPLOYER/SPONSOR INFORMATION

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

Name of organisation	<input type="text"/>
Contact at organisation	<input type="text"/>
Contact's position at organisation	<input type="text"/>
Contact's telephone number	<input type="text"/>
Contact's e-mail address	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>

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?

Continued overleaf ...

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

I consent to City College Plymouth processing my personal data under Data Protection legislation for the purposes of Article 6 (1) (a) with my consent and 6 (1) (b) to process my information for the performance of the contract in relation to the academic year of the course I have applied for. I acknowledge that specific details of processing activities undertaken by the College is available on the College's website.

Applicant's signature

Day Month Year

Thank you for completing this application form. Please check that you have completed sections A-H.
Please save this file to your desktop and then e-mail as an attachment to: admissions@cityplym.ac.uk

This is to be read in conjunction with the Data Protection Statement. I agree to the College processing the personal data on this form in accordance with the Data Protection Act 1998. The College or its associated training establishments will send you information about learning opportunities, courses and events. If you do not wish to receive this information please tick this box.

Learning Records Service (LRS) – the information you supply will be used by the Skills Funding Agency, an Executive Agency of the Department for Business, Innovation and Skills, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK.



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