

Higher Education - Application Form 2024/25

Person/EBS Code:

NAME:

1. Personal Details (Please complete in BLOCK CAPITALS and answer ALL questions)

Title:		First Name:		Family Name:	
Middle Names:			Legal Sex:	Gender:	
Home Address:			Date of Birth:		
			Post Code:		
Email Address:					
Telephone Number (Mobile):			Telephone Number (Home):		

Please tick which of these apply to your home address:

<input type="checkbox"/> (2) Parental Address	<input type="checkbox"/> (7) Own residence	<input type="checkbox"/> (8) Other rented accommodation	<input type="checkbox"/> (4) Other
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Emergency Contact (Name):	Emergency Contact (Tel No.):
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Please declare whether you have any relevant convictions or current proceedings against you or you are on any offenders register Yes No
** If you answer yes we will contact you and ask for more details*

2. Disability, Learning Difference and Additional Support

The College is committed to ensuring that reasonable provision is made for students with disability, health or medical conditions and to provide whatever support we can for your additional needs.

Do you have any kind of disability and/or Learning Difference, which could affect your studies?
 e.g. Hearing or visual impairment, Dyslexia, Autism Spectrum Disorder, mental health, medical or health problems? YES NO

3. Course Information (Please give details of all courses you wish to apply for)

Course Code	Course Title	Start Date	End Date	Qual Aim	Qual Hours

4. Student Signature and Declaration

DECLARATION (to be signed by the learner) I declare that the information provided is correct and that should any information change it is my responsibility to inform the College Office. I further understand that should I be unable to attend for the first week at the beginning of the course, I must contact the College. I agree to comply with the College regulations and tuition fees policy as published on the college website. I understand I can seek further guidance at any time.

You can agree to be contacted by other third parties by ticking any of the following boxes:

a) For research and surveys	<input type="checkbox"/>	Only contact by: Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/>
b) About courses and relevant learner opportunities	<input type="checkbox"/>	

This privacy notice is issued on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, 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) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice> & <http://www.brock.ac.uk/privacy-notice>

IMPORTANT Payment and all information required must be provided in order to fully enrol.

I confirm that I have read and understand the terms and conditions of enrolment to the college.

Student Signature:	<input type="text"/>	Date:	<input type="text"/>
Staff signature:	<input type="text"/>	Name (Print)	<input type="text"/>

5. Nationality & Residency

What is your Nationality?	Normal Country of Residence:	National Insurance No:
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Have you been resident (settled) in the UK or an EU country for at least 3 years immediately prior to the start of your proposed course? Yes No

If not, where have you lived?

Type of ID seen?	Date of Birth checked
	Name checked

6. Ethnic Origin (Please indicate which best describes your ethnicity)

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

7. Qualifications & Examinations (Please indicate which best describes your current qualifications level)

<input type="checkbox"/> Level 0 (No formal qualifications)	<input type="checkbox"/> Level 4 (Certificate of Higher Education)
<input type="checkbox"/> Level 1 (GCSEs grade D or below)	<input type="checkbox"/> Level 5 (Foundation Degrees)
<input type="checkbox"/> Level 2 (5 GCSEs at grade C or above or up to 3 AS Levels)	<input type="checkbox"/> Level 6 (First Degree)
<input type="checkbox"/> Level 3 (2 or more A Levels or equivalent)	<input type="checkbox"/> Level 7+ (Masters, Post-graduate, Doctorates)

(Please note that evidence of qualifications will be required such as certificates or examination result slips)

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Highest level of qualification seen & documented Qualification type:

8. Employment/Household Information

Are you currently employed?

YES/Self Employed

How many hours per week? (5) less than 10 hrs per week (6) 11 – 20 hrs per week (7) 21 - 30 hrs per week (8) More than 31 hrs per week

How long have you been in your current employment? (1) Up to 3 months (2) 4 – 6 months (3) 7 – 12 months (4) More than 1 year

NO

Are you actively seeking employment? YES NO

How long have you been unemployed?

(1) Less than 6 months (2) 6 – 11 months (3) 12 – 23 months (4) Between 24 – 35 months (5) More than 3 years

Are you in receipt of a state benefit?	YES <input type="checkbox"/>	JSA (inc NI credits only) <input type="checkbox"/>	Other Benefit <input type="checkbox"/>
	NO <input type="checkbox"/>	ESA (WRAG) <input type="checkbox"/>	Universal Credit <input type="checkbox"/>

Which of the following best describes your employment?

Higher managerial & professional occupations <input type="checkbox"/>	Lower managerial & professional occupations <input type="checkbox"/>
Intermediate occupations <input type="checkbox"/>	Small employers & own-account workers <input type="checkbox"/>
Lower supervisory & technical occupations <input type="checkbox"/>	Semi- routine occupations <input type="checkbox"/>
Routine occupations <input type="checkbox"/>	Never worked & long term unemployed <input type="checkbox"/>
Not classified <input type="checkbox"/>	

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Processed By: _____ Date: _____ ID _____ Entitlement _____ Eligibility _____

Notes: