

APPLICATION FORM – 2019/2020

Information Services, Newbury College, Monks Lane, Newbury, Berkshire, RG14 7TD

Tel: 01635 845000, Email: info@newbury-college.ac.uk

Website: www.newbury-college.ac.uk

Please complete and return this form to the above address

Surname: _____	Forename(s): _____
Title: <u>Mr / Mrs / Ms / Miss</u> _____	Address: _____

Postcode: _____	
Date of Birth: _____	Age (at 31 August 2019): _____
Tel (Day): _____	Tel (Eve): _____
Mobile: _____	Email: _____

Please complete this section if you are under 19 – Details of Parent/Guardian

Surname: _____	Forename: _____
Relationship to Applicant (usually parent or guardian): _____	
Title: <u>Mr / Mrs / Ms / Miss</u> _____	Address (if different from above): _____

Tel (Day): _____ Tel (Eve): _____	
Mobile: _____	Email: _____

Course Choice – please add the course you would like to apply for.

Course Title	Apprenticeship
1: _____	1: _____
<p>If you are unsure please tick the Information, Advice and Guidance box and we will arrange an appointment with our Information, Advice & Guidance team.</p> <p style="text-align: center;">Information, Advice and Guidance appointment: <input style="width: 50px; height: 20px; border: 1px solid black;" type="checkbox"/></p>	
<p>This form can be made available in larger print or other formats on request. If you require an alternative format or need help in completing the form, please contact Information Services on 01635 845000.</p>	

Qualifications Details – please list examinations taken and those to be completed.

Level (e.g. GCSE, BTEC)	Subject	Exam Board	Year Taken	Achieved Grade	or	Predicted Grade

Criminal Convictions – Applicable only if your course requires a DBS check

Childcare courses	Uniformed Public Services courses	
Sports courses	Health and Social Care courses	
Have you any convictions (other than petty motoring offences), reprimands, cautions or final warnings?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any criminal charges pending?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Equality of Opportunity

Newbury College aims to support all students to ensure their success. It also wishes to ensure that it complies with the requirements of the DDA (as amended by the Special Educational Needs and Disability Act 2001). Please ensure that we know what you need so that we can make necessary plans to help you succeed. This information will in no way effect your opportunity of a place at College.

Do you consider yourself to have a learning difficulty and/or disability and/or health problems?

Yes No I prefer not to say

Support for you (please tick the nature of any disability/learning difficulty by ticking the relevant boxes below)

Please add a “P” next to the disability you would say is your primary disability/learning difficulty

- | | |
|---|---|
| <p>P</p> <p><input type="checkbox"/> ___ 4 - Visual impairment</p> <p><input type="checkbox"/> ___ 5 - Hearing impairment</p> <p><input type="checkbox"/> ___ 6 - Disability affecting mobility</p> <p><input type="checkbox"/> ___ 7 - Profound complex disabilities</p> <p><input type="checkbox"/> ___ 8 - Social and emotional difficulties</p> <p><input type="checkbox"/> ___ 9 - Mental health difficulty</p> <p><input type="checkbox"/> ___ 10 - Moderate learning difficulty</p> <p><input type="checkbox"/> ___ 11 - Severe learning difficulty</p> <p><input type="checkbox"/> ___ 12 - Dyslexia</p> <p><input type="checkbox"/> ___ 13 - Dyscalculia</p> <p><input type="checkbox"/> ___ 14 - Autism spectrum disorder</p> <p><input type="checkbox"/> ___ 15 - Asperger's syndrome</p> | <p>P</p> <p><input type="checkbox"/> ___ 16 - Temporary disability after illness or accident</p> <p><input type="checkbox"/> ___ 17 - Speech, Language and Communication Needs</p> <p><input type="checkbox"/> ___ 93 - Other physical disability
Please enter details:</p> <p><input type="checkbox"/> ___ 94 - Other specific learning difficulty (e.g. Dyspraxia)
Please enter details:</p> <p><input type="checkbox"/> ___ 95 - Other medical condition (for example epilepsy, asthma, diabetes)
Please enter details:</p> <p><input type="checkbox"/> ___ 96 - Other learning difficulty</p> <p><input type="checkbox"/> ___ 97 - Other disability</p> <p><input type="checkbox"/> ___ 98 - Prefer not to say</p> <p><input type="checkbox"/> ___ 99 - Not provided</p> |
|---|---|

Learning Support and Student Needs

- Do you have an Education Health and Care (EHC) plan / S139a / ? Yes No
- Would you like a member of the Learning Support team to contact you? Yes No
- Have you received special arrangements for GCSE and other examinations? (e.g. extra time) Yes No
- Did you receive free meals at school? Yes No
- Have you any other individual needs you may wish to discuss e.g. recently left care, faith, diet etc? Yes No
- Are you a full-time carer (child care or adult care)? Yes No
- Are there any particular needs which you have when attending the course you have applied for?

Please give details:

Do you need any specialist support to help with your interview? eg signer, interpreter, hearing loop.
Please give details:

Personal Support Needs (Not required for Community Learning)

Are there any personal issues that we need to be aware of in order that we can provide appropriate support?

Nationality

Please state your nationality (e.g. British, Czech, French). _____
Proof will be required at interview and enrolment.

In which country do you normally live? _____

Are you a permanent resident in the UK or other EEA country? Yes No

If 'Yes', how many years resident? _____ If 'No', date of entry to UK: _____ / _____ / _____

Please state main language spoken if English is not your first language _____

Ethnicity

What is your ethnic group? Choose one option that best describes your ethnic group or background.

White

- 31 English / Welsh / Scottish / Northern Irish / British
 32 Irish
 33 Gypsy or Irish Traveller
 34 Any other White background

Asian / Asian British

- 39 Indian
 40 Pakistani
 41 Bangladeshi
 42 Chinese
 43 Any other Asian background

Other Ethnic Group

- 47 Arab
 98 Any other ethnic group

Mixed / Multiple Ethnic Groups

- 35 White and Black Caribbean
 36 White and Black African
 37 White and Asian
 38 Any other mixed / multiple ethnic background

Black / African / Caribbean / Black British

- 44 African
 45 Caribbean
 46 Any other Black / African / Caribbean background

Previous Education

Name(s) and address(es) of previous or current Secondary Schools / Colleges attended	Dates (from – to)

For those not applying directly from School or College (Please ensure named person is aware)

Confidential Referee - please give details of someone who we could ask for a reference.

Name: _____ Position: _____

Address: _____ Postcode: _____

Data Protection Act 2018 and Privacy notice

I agree to Newbury College contacting me and processing the personal data contained in this form for any purposes connected with the successful completion of my studies and my health and safety whilst on the premises.

The information you provide on this form will/may be passed to the Agency’s Learning Records Service (LRS) to create and/or maintain a unique learner number (ULN) for the purpose of obtaining/checking prior attainment – privacy notice www.gov.uk/government/publications/lrs-privacy-notice.

How would you prefer to be contacted in order to progress your application? Please tick

Telephone **E-mail** **Post**

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature (if applicant is under 19): _____ **Date:** _____

Marketing Information – how did you find out about Newbury College

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Prospectus | <input type="checkbox"/> Event / Open Day | <input type="checkbox"/> School |
| <input type="checkbox"/> College website | <input type="checkbox"/> Careers service | <input type="checkbox"/> Friend / Family | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Social Media | <input type="checkbox"/> Library | |
| <input type="checkbox"/> Outdoor Advertising (bill board / bus) | <input type="checkbox"/> Banner at College entrance | <input type="checkbox"/> Direct Mail / Email / Post | |

Office use only – Apprentice (WBL Team)

Date of Discussion.....

Brief discussion points....

Next step:- Withdraw Application \ Contact Regarding FT Course \ IAG \ Accept Application

Signed (WBL Team)..... (return to admissions)