

City College Coventry

Course Application Form 2012



Please fill in the form using block capitals

Course Title: Full-time Part-time Evening

	Prospectus Page No:	
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ABOUT YOURSELF

Mr Mrs Miss Surname (Family Name):

First Name(s):

Gender: Male Female Date of Birth: Age:

Postcode:

Permanent Address:

*Mobile: Home Tel no:

*Email:

***Important - We may contact you via text or email so please let us know if this changes**

Have you got a Pathway Plan? (YES or NO)

Nationality:

Have you lived in England or within the European Union for the last 3 years? Yes No
If you are 18 and under we need the name and daytime telephone number of your parent or guardian

Name: Mobile:

REFERENCE

If you are 15-19 years old:

I'm at City College Coventry Tutors Name:

Last or present School or College:

Address:

Postcode: Tel no:

If you are over 20 years old please provide one referee eg employer BUT not a relative

Name:

Company:

Address:

Postcode: Tel no:

LEARNING SUPPORT

City College Coventry is committed to supporting all its learners. To help us achieve this please answer all the following questions (tick boxes appropriate). This will not affect your chances of being offered a place at the College

Do you have a learning difficulty/disability or health problem? Yes No

If yes: please give details

Do you require support for your interview? Yes No

Have you received any extra support at school with any of the following:

- | | | |
|-----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Autism | <input type="checkbox"/> Other physical disability |
| <input type="checkbox"/> Maths | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Emotional Behaviour Difficulties | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Temporary disability after illness/injury |

Mental Health or Medical Condition. (Epilepsy, asthma etc)

Please state

Office use only

Date Received:

Checks

Accept

Entry not met

Missing Info

Send employer letter

Send course full

Logged & sent to tutor

Logged & filed

Refer to Careers:

Adviser:

Date referred:

Action by adviser/tutor:

Date:

QUALIFICATIONS GAINED AND EXPECTED

City College students current course

Subject	Level	Expected Grade	Achieved Grade	Date
Example – Maths	GCSE	C		Aug 2012

Please indicate your ethnic origin

To help us monitor our Equal Opportunities Policies. Please place an in the relevant boxes and complete details below

How would you describe your Ethnic Origin? Please tick one box only

- | | | |
|---------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Black or Black British - Other Black | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - Other Asian | | <input type="checkbox"/> Mixed - Any Other Mixed Background |
| | | |
| <input type="checkbox"/> White - British | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
| <input type="checkbox"/> White - Irish | | |
| <input type="checkbox"/> White - Any Other White Background | | |

WHY DO YOU WANT TO DO THIS COURSE?

CRIMINAL RECORD DISCLOSURE

Have you ever been convicted of a criminal offence? Yes No

If the answer is 'YES', please give details of the dates(s) of conviction, the sentences(s) and the nature of the offence(s):

LEARNING RECORDS SERVICE AND DATA PROTECTION STATEMENT

The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office.

The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA.

The information you provide will be used by City College Coventry and may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, The Department for Business, Innovation and Skills, Local Authorities, CSWP, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA or partners of those organisations.

The Skills Funding Agency also administers the Learner Registration Service (LRS) which uses your learner information to create and maintain a Unique Learner Number (ULN). The data you supply will be passed to the Learning Records Service for the purposes of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The Personal Learning Record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose.

At no time will your personal information be passed to organisations for marketing or sales purposes.

The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone:

Tick this box if you do not wish to be contacted about courses or learning opportunities by post:

Further details of opting out can be found at www.miap.gov.uk

Signed (Applicant): Date:

Signed (Parent/Guardian If under 18): Date:

This application form does not automatically guarantee you a course place. You will be advised of the next stage of application process by Admissions. Thank you for applying to us. We will contact you as soon as possible regarding your application. Return your application form to:

Central Admissions, City College Coventry, FREEPOST RRRR-HRJC-TYJE, COVENTRY, CV1 5DG