

1. Personal details

Title _____ Full Name _____ Male / Female/Prefer not to say

Age on Sept 1 2019 _____ Date of Birth ____ / ____ / ____ Nationality _____
(year you start your course)

Home Address _____

Emergency Contact Details:

Name _____

Tel No. _____

Mobile No. _____

Relationship to You _____

Email _____

Postcode _____

Tel No. _____

Mobile No. _____

Email _____

Please complete the email address as this is our primary method of contacting you

NI Number _____

2. Apprenticeship details

Course choice _____

How did you hear about us? _____ Availability to start: _____

3. Examinations

Last school / college attended: _____ Date of leaving / expected end date: _____

Home Schooled? _____

Please give details of the qualifications you have taken or are due to take including GCSEs. Include any qualifications that may be relevant to your career aspirations. (Please continue on a separate sheet if necessary).

Qualification (GCSE / NVQ)	Date taken / due to be taken	Subject	Predicted/Final grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Transport

Do you hold a driving licence? Full ☐ Motorcycle ☐ Provisional ☐ No ☐

Do you have your own transport? Yes ☐ No ☐

5. Eligibility

Have you graduated or do you hold a Level 4 / 5 / 6 qualification?

Yes ☐ No ☐

Have you been a resident in the UK or EU for the last three years?

Yes ☐ No ☐

Have you found suitable employment related to the Apprenticeship for which you have applied?

Yes ☐ No ☐

If yes, please provide details

Have you started this employment yet?

Yes ☐ No ☐

Administrative use only:

Eligibility checked by Work-based Learning Administrator: _____ Date: _____

6. Additional Support for Learning and/or Disability*

Please indicate any needs you may have eg. learning difficulties, disabilities or health needs, so that we can plan appropriate support for you.

I have a disability Yes ☐ No ☐ I have a learning difficulty Yes ☐ No ☐

If yes, please tick all relevant boxes below and circle the most significant or primary learning disabilities/difficulties that will impact on your learning.

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other medical condition | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other disability | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Profound complex disability | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Mental health disability | <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Severe learning difficulties | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Temporary disability after illness | <input type="checkbox"/> Dyslexia | |

*If other, please list learning disability/difficulty _____

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user). _____

Do you have an Education Health Care Plan (EHCP)?* Yes ☐ No ☐

Do you require additional Exam Access Arrangements (EAA) ie. extra time, scribe etc? Yes ☐ No ☐

7. Do you have any unspent criminal convictions? Yes ☐ No ☐ If 'yes' please give details below: _____

I understand that failure to disclose any of the above information may affect my place at Kingston Maurward College* ☐

8. Work Experience / Current Employment

Please give details of any work experience or jobs you have had, including part-time or voluntary work. Use separate sheet if needed.

Position (was this work experience or paid employment?)	Company	Start	End
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. References

Please give the name and full postal address of your referee. Your referee must be from your last school, college or employer.

Academic / Employment (please circle)

Full contact name and address _____ Postcode _____

Relationship to you _____ Email address _____

10. I apply for admission to Kingston Maurward College

Student signature _____ Date _____

Parent/Guardian/Carer signature (if student is under 18) _____ Date _____

Please return this form to: **Student Admissions, Kingston Maurward College, Dorchester, Dorset, DT2 8PY**

10. Data protection*

I understand that the information I provide for my application will be retained by Kingston Maurward College in order to process my application and generate a place for me at College. This information will be held securely by the College in accordance with the requirements of the Education and Skills Funding Agency and the College's Data Protection Policy. It will not be made available to any third party organisations except those who have a direct involvement with the facilitation of college courses. If I choose not to study with Kingston Maurward College the information on my application form will be destroyed. ☐

* Compulsory field