



[for internal use]
Student Reference Number:

[for internal use]
Date Received:

0845 207 8220
info@westkent.ac.uk
www.westkent.ac.uk
@westkentcollege
westkentcollege

Further Education Application Form

This form is for further education courses only. If you would like to have this form on a compact disc, audio tape, or Braille, please call the College Admissions department on **0845 207 8220**. We celebrate equality and diversity and offer equal opportunities to all.

Personal Details
Surname:
Forename(s):
Title: Mr/Mrs/Ms/Miss/Other
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth:
Age on 31st August 2017:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Co-habiting <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>
National Insurance Number:
Unique Learner Number (if known):
Nationality:
Do you consider English to be your first language?
Yes <input type="checkbox"/> Other <input type="checkbox"/> (please provide)

Contact Details
Address:
Postcode:
Home Tel:
Mobile Tel:
Email:

Please tick the box that best describes your Ethnic Origin	
English/Welsh/ Scottish/Northern Irish/British <input type="checkbox"/>	Pakistan <input type="checkbox"/>
Irish <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	Chinese <input type="checkbox"/>
Any Other White background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
White and Black Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Any other Black/African/Caribbean background <input type="checkbox"/>
Any Other Mixed/multiple ethnic background <input type="checkbox"/>	Arab <input type="checkbox"/>
Indian <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
	Not known/not provided <input type="checkbox"/>

Course being applied for
Course Name:
Campus: Tonbridge <input type="checkbox"/>
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Course Code:
If you are unsure which to apply for and would like to receive guidance from a College Advisor, please tick this box. <input type="checkbox"/>
Month and Year of Start:

Apprenticeship Applicants
Do you have a work placement? Yes <input type="checkbox"/> Other <input type="checkbox"/> (please provide)
Company Name:
Address:
Tel No:

Current or most recent school/college/ university attended?
Town:
What year did you attend?

Residency
Have you been a permanent resident in the UK/EU/EEA for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of residency: If no, please state where you have been living and why: _____ _____
If no, please give your Date of Entry to the UK/EU/EEA.

Disclosing Criminal Convictions
Do you have a Criminal Conviction or Caution? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it current? Yes <input type="checkbox"/> No <input type="checkbox"/>
It is important that you disclose this confidential information. If you have answered YES to either of the above questions, a Confidential Disclosure form will be sent to you shortly. Any disclosure will not disadvantage your application to join West Kent College.

Meeting your individual needs

- | | |
|--|--|
| 01 Visual impairment <input type="checkbox"/> | 08 Temporary disability after illness (e.g postviral) or accident <input type="checkbox"/> |
| 02 Hearing impairment <input type="checkbox"/> | 09 Profound complex disabilities <input type="checkbox"/> |
| 03 Disability affecting mobility <input type="checkbox"/> | 10 Asperger's syndrome <input type="checkbox"/> |
| 04 Other physical disability <input type="checkbox"/> | 97 Other <input type="checkbox"/> |
| 05 Other medical condition (e.g epilepsy, asthma, diabetes) <input type="checkbox"/> | 98 No disability <input type="checkbox"/> |
| 06 Social and emotional difficulties <input type="checkbox"/> | 99 Not known/not provided <input type="checkbox"/> |
| 07 Mental health difficulty <input type="checkbox"/> | Speech, language and communication <input type="checkbox"/> |

Are/were you home schooled?

Yes No

Do you consider yourself to have a learning disability? If so, specify from the list below.

- | | |
|--|--|
| 01 Moderate learning difficulty <input type="checkbox"/> | 20 Autism spectrum disorder <input type="checkbox"/> |
| 02 Severe learning difficulty <input type="checkbox"/> | 90 Multiple learning difficulties <input type="checkbox"/> |
| 10 Dyslexia <input type="checkbox"/> | 97 Other <input type="checkbox"/> |
| 11 Dyscalculia <input type="checkbox"/> | 98 No learning difficulty <input type="checkbox"/> |
| 19 Other specific learning difficulty <input type="checkbox"/> | 99 Not known/not provided <input type="checkbox"/> |

Equal opportunities monitoring (optional)

We welcome applications from everyone, regardless of your gender, age, race or sexual orientation. By completing the following questions, you will help us monitor our performance relating to accessibility and also assist us in making any reasonable adjustments so you can get the most out of your course. None of the information you disclose below will preclude you from enrolling at the College and, if you provided it, all of it will be treated in the strictest confidence.

What is your religion?

- Buddhist Christian Hindu
 Jewish Muslim Sikh
 No religion Other (please specify)

Prefer not to say

How would you describe your sexual orientation?

- Heterosexual
 Homosexual (gay/lesbian)
 Bisexual Prefer not to say

Have you, or are you currently undergoing, gender reassignment?

Yes No Prefer not to say

Equal opportunities monitoring (optional) - continued

Did you previously have a Statement of Education, a LDA or EHCP?

Yes No

I give my permission for this information to be passed to those persons within the College who are involved in providing Additional Support, including Teaching Staff, the Exams Office and the Learning Support Staff.

Signed: _____

Date: _____

If you would like to speak to someone in confidence about your individual needs, please contact the Admissions department on **0845 207 8220**.

Are/were you in receipt of free school meals in your final school year?

Yes No

Are you currently, or could you be pregnant?

Yes No

Care leavers, looked after children and young carers

At West Kent College we welcome applications from students who have been in care, care leavers and young carers currently studying here. We are able to offer a wide range of tailored support and guidance. Have you spent any time in Local Authority care?

Yes No

Are you a young carer?

Yes No

We will only share this information with third parties following your consent and only if essential for the purpose of implementing any agreed support. It may be used for monitoring by the College to improve our service to you.

How did you find out about the courses we offer at the College?

- Teacher
- Careers Office
- Friends/Relative
- Student/Former Student
- Newspaper/Magazine
- Bus/Billboard/Outdoor Advert
- Radio Advert
- Leaflet
- Careers Event
- College Organised Event
- General Exhibition/Show
- College Website
- Social Media Website (e.g. Twitter, Facebook)
- Search Engine (e.g. Google, Bing etc)
- Other Website
- Other? (please specify)

Signature

I declare that to the best of my knowledge, the information given is correct and that if accepted, I agree to comply with the College rules and regulations. I have read and understand the College policy on refunds/course cancellation. I confirm that I have been given sufficient guidance on course suitability, entry requirements, progression, financial advice and learning support. I agree to attend regularly and pay any relevant examination/registration fees. I agree to submit any required work and enter/sit any required examinations as part of the course.

Signed (student):

Date:

To be countersigned by parent/guardian if under 18. Signed (parent/guardian):

Date:

Print Name:

Relationship:

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ('The Skills Funding Agency') and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information is used for the exercise of functions of these government departments and to meet 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). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training.

You can opt out of contact for other purposes by ticking any of the following boxes, if you do not wish to be contacted:

About courses or learning opportunities

For surveys and research

By post

By phone

By email

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: www.gov.uk/government/publications/sfa-privacy-notice

In addition, the College may use this information after you have left to inform you about Alumni Association activities.

If you do not wish to receive this information please tick here

Please complete all pages or apply online at www.westkent.ac.uk

Return to:

**The Applications Team,
 West Kent College, Brook Street,
 Tonbridge, Kent TN9 2PW**