

# CANTERBURY COLLEGE APPLICATION FORM



Following the completion of this form you will be invited in for an interview where you will have the opportunity to discuss the course and consider whether it is the right option for you.

PLEASE COMPLETE IN BLOCK CAPITALS USING A BALLPOINT PEN

## FOR COLLEGE USE ONLY

Date received	Date logged & by whom	Acknowledgement date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Learner ref no.	<input type="text"/>	

### PERSONAL DETAILS

TITLE (MR/MRS/MS/MISS)
SURNAME/FAMILY NAME
FORENAME
HOME ADDRESS
POSTCODE
CONTACT ADDRESS (if different from above)
POSTCODE
TELEPHONE (DAY)
TELEPHONE (EVENING)
MOBILE
E-MAIL

If you are happy to be kept up to date with news from Canterbury College by text or e-mail please tick here

GENDER: MALE  FEMALE

DATE OF BIRTH
AGE ON 31st AUGUST 2010
IF YOU ARE UNDER 16 ON 31/08/10, PLEASE ASK YOUR PARENT/GUARDIAN TO SIGN HERE

NATIONAL INSURANCE NO. (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### PARENT OR NEXT OF KIN

SURNAME/FAMILY NAME
FORENAME
RELATIONSHIP TO YOU
TELEPHONE
MOBILE (optional)
E-MAIL (optional)

### COURSE APPLIED FOR

If you are not sure which programme you would like to study and would like to talk to a member of our course guidance team before deciding, please tick this box

If you are unsure about the level (BTEC Introductory, First, National for example) this can be discussed at interview.

COURSE TITLE

If your course title is Advanced GCE or AS Levels, please list the subjects you are considering:


The information you provide will be used for data processing for administrative, academic and health and safety reasons. Certain sensitive information such as ethnicity, medical or supported learning needs may be used for statistical returns and monitoring. We are required to obtain your specific consent to process such information by the Data Protection Act 1998. Your signature at the bottom of this application form gives your agreement to this requirement.

## HOW DID YOU HEAR ABOUT THE COURSE?

Careers Service	School	Employer
Course Guide	Open Day	Canterbury College Information Centre
Newspaper	Radio	Canterbury College website
Friend/Family	Existing Student	Other

## TRAVEL

How do you propose to travel to College (tick as appropriate)

Bus	Car	Motorcycle
Train	Foot	Bicycle

## MEDICAL HISTORY

DO YOU CONSIDER YOURSELF TO HAVE A MEDICAL CONDITION OR DISABILITY? YES  NO

If yes, please tick the appropriate boxes below.

Visual Impairment Profound complex disabilities	Hearing Impairment Mental Health Difficulties	Disability affecting mobility Emotional / Behavioural Difficulties
Two or More Disabilities / Support Needs	Asthma	Diabetes
Epilepsy	Haemophilia	Asperger's Syndrome
Other (please specify)		

## ADDITIONAL LEARNING SUPPORT

DO YOU CONSIDER YOURSELF TO HAVE A LEARNING DIFFICULTY? YES  NO

If yes, to assist us in meeting your learning support needs please indicate any learning difficulty below (tick as appropriate)

Reading	English Language	Writing	Dyscalculia
Numeracy	Moderate Learning Difficulty	Dyslexia	Severe Learning Difficulty
Other (please specify)			

IF YOU WOULD LIKE SUPPORT AT INTERVIEW (E.G. A SIGNER/FACILITATOR) PLEASE TICK THIS BOX

## ETHNIC ORIGIN

In order to help us monitor equal opportunities, please circle the box that best describes your ethnic origin.

Asian or Asian British - Bangladeshi	11	Asian or Asian British - Indian	12	Asian or Asian British - Pakistani	13
Asian or Asian British - other Asian background	14	Black or Black British - African	15	Black or Black British - Carribean	16
Black or Black British - other Black background	17	Chinese	18	Mixed - White and Asian	19
Mixed - White and Black African	20	Mixed - White and Black Carribean	21	Mixed - any other Mixed background	22
White - British	23	White - Irish	24	White - any other White background	25
Any other	98	Not known / not provided	99		

## COUNTRY OF RESIDENCE

NORMAL COUNTRY OF RESIDENCE

NATIONALITY

IF YOU HAVE NOT BEEN RESIDENT IN THE EUROPEAN UNION (EU) IN THE LAST **THREE** YEARS PLEASE STATE THE DATE OF YOUR MOST RECENT ENTRY INTO THE EU.

DATE:

PLEASE GIVE THE NAME OF THE SCHOOL YOU LAST ATTENDED

FOR COLLEGE USE ONLY - ADDITIONAL NOTES

## QUALIFICATIONS ON ENTRY

Please list below all the qualifications you have or will be taking. Make sure that you fill in expected grades where applicable as these details will help us to place you on the most suitable course.

### GCSE / O LEVELS

SUBJECT	DATE TAKEN	EXPECTED GRADE	ACTUAL GRADE
MATHEMATICS			
ENGLISH LANGUAGE			
ENGLISH LITERATURE			
FRENCH			
GERMAN			
BIOLOGY			
CHEMISTRY			
INFORMATION TECHNOLOGY			
DESIGN TECHNOLOGY			
OTHER SUBJECTS			

### A LEVELS / AS LEVELS

SUBJECT	LEVEL (A/AS)	DATE TAKEN	EXPECTED GRADE	ACTUAL GRADE

### BTEC GNVQS / DIPLOMAS / CERTIFICATES

SUBJECT	LEVEL	DATE TAKEN	EXPECTED GRADE	ACTUAL GRADE

### OTHERS (E.G. NVQS / DEGREES)

SUBJECT	LEVEL	DATE TAKEN	EXPECTED GRADE	ACTUAL GRADE

