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Careers Fair

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AΡ	PLICATION	FORM			
PRIVA	TE & CONFIDENTIAL	ID (Office	e use only)		
	nis form if you are applying		e use only)		BRIDGWATER
		ioi a course.			COLLEGE
riease	print clearly in black ink.				
I. Stude	ent details				
Title		Gender M/F	Date of birth	D D M M Y	Y
Surname	e		Forename(s)		
Known	as		Age as at 31/0	8/16	
			5		
2. Addr	ess details				
Address					
				Postcode	
Landline			Mobile		
Work					
Email					
3. Ethni	ic origin Please tick your ethnic or	rigin:			
White		Asian or Asian Brit	ish	Other Ethnic Groups	
Br	itish (English/Welsh/Scottish/Northern Iri	sh) Bangladeshi		Arab	
Gy	psy or Irish Traveller	Chinese		Any other ethnic	groups
Iris	sh	Indian			
Ar	y other White background	Pakistani			
Mixed/l	Multiple Ethnic Groups	Any other Asia	n background		
W	hite and Asian	Black/African/Carib	bean/Black British		
W	hite and Black African	African			
W	hite and Black Caribbean	Caribbean			
	y other Mixed/Multiple ethnic		k/African/Caribbean		
ba	ckground	background			
4. Emer	gency contact details Please ent	ter the details of your next of kin:			
Title	Surname	,	Forename(s)		
Address			- (-)		
				Postcode	
Landline	\ \[\]		Mobile		
Email			1 100110		
5. Natio	onality				
Have yo	u been resident in the UK for thr	ree years not solely for study pu	rposes? Y/N		
lf No, pl	ease provide the date you entere	d the UK	Is English your first lan	guage? Y/N	
6. Qual	ifications already gained Please	tell us about your highest qualifica	ation:		
Subject			Awarding body		
Level (G	CSE, National Diploma, A Level, NVQ 2 etc)	Grade	Yea	r achieved
Do you	have a GCSE grade C or above (or equivalent) in English? Y/N	Do you have a GCSE g	rade C (or equivalent) ir	n Maths? Y/N
	ve answered 'No' to either of these q			` <u></u>	
•		·		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	did you find out about the cou				
	ılt Training & Skills Guide	HE Prospectus	Other		ol Publication
Ban		Information/Open Evening	Other Website	Schoo	
_	lgwater College Staff lgwater College Website	Jobcentre Plus Leaflet/Flyer	Postcard Poster	Taster	- Message
Bus		Letter	Presentation	TV Sc	
Car	eers Advisor	Live Chat	Prospectus	Twitte	er

Magazine/Newspaper Advert

Open Evening Invite/Postcard

Open Evening Letter

Radio

Recommended by Employer

Recommended by Friend/Relative

University Prospectus/Website

Word of Mouth

8. Support requirements					
Do you need additional support with your studies? Y/N					
To help the College provide the best support for you, please tick the boxes if you consider yourself to have any of the following: No disability, learning difficulty Moderate learning difficulty Other physical disability					
or health problem Severe learning difficulty Other specific learning difficulty					
Visual impairment Dyslexia (e.g. Dyspraxia)					
Hearing impairment Dyscalculia Other medical condition					
Disability affecting mobility Autism spectrum disorder Other learning difficulty					
Profound complex disabilities Asperger's syndrome Other disability Other disability					
Social and emotional difficulties Iemporary disability (e.g. after illness or accident) Prefer not to say					
Mental health difficulty Speech, language and communication needs					
9. Course details Enter your course details here:					
Course code / Start date DDMMYY					
Course title					
Commands					
Course code Start date DDMMYY					
Course title					
10. References (if applicable) If you are applying for a course in Early Years, it will be necessary for us to collect two references.					
Please provide the names and addresses of two reliable referees, who should not be family members.					
Referee I					
Address					
Postcode Postcode					
Telephone Relationship					
Email					
Referee 2					
Address					
Postcode Postcode					
Telephone Relationship					
Email					
11. Personal statement Complete this if you are applying for an Access to Higher Education course. It is your chance to highlight the skills and personal					
qualities you believe make you a suitable applicant.					
12. Student declaration					
I declare that the information I have provided on this form is accurate to the best of my knowledge.					
Student signature Date D D M M Y Y					
Please send your completed application form to: Information and Guidance, Bridgwater College, Bath Road, Bridgwater, Somerset, TA6 4PZ.					
We will contact you to arrange a suitable time for your interview (if required).					
01278 441234 www.bridgwater.ac.uk					
Privacy Notice: If you are aged under 19, the information you provide may be shared with your Parents/Carers, current school and the					
Careers Service, during and after the application process.					
MIAP Processing Notice: Some of the information you supply will be used by the Skills Funding Agency to fulfill its statutory functions,					
issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Skills Funding agency may share your ULN and Personal Learning Record with other education related organisations such as your careers service, school, college,					
university, Government Departments and public bodies responsible for funding your education. Further details of how your information					
is processed and shared is available on the following website:					

www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents