

OFFICE
USE ONLY

Applicant
Ref:

Student
Ref:

Emp:



York College is committed to
creating an environment where
there is mutual respect and
equality of opportunity

Application Form

Work-based Learning

Complete all sections in **BLOCK CAPITALS** and **BLACK INK** (Tick where appropriate)

1 Personal Details

Surname/Family Name:

First Name:

Second Name:

Title:
Mr / Mrs / Miss / Ms / Other

Postal Address of normal residence:
.....
.....
.....
Postcode:

Landline no:
Personal Mobile:
Personal Email:
Minicom:
NI Number:

Date of Birth: [][][][][][]

Male Female

Have you lived in another country during the last 3 years (other than on holiday)? Yes No
If yes, please state date of entry to UK: [][][][][][]
Please attach photocopy of passport details plus entry / visa stamp

Country of Birth:

Country of Normal Residence (if not UK):

Have you applied for asylum / refugee status? Yes No

Next of kin:
(Name of person to be contacted in an emergency)

Next of kin contact Number:
(Number of person to be contacted in an emergency)

2 Course Applied for

Course Title
.....
.....
.....
.....

8 Criminal Conditions

Do any of these apply to you? (Please tick any which are appropriate)

Criminal conviction
 Police reprimand
 Final warning
 Referral order
 None of these

The college may make contact with Criminal Justice Agencies and/or the Connexions Service when processing this application. **This will be discussed at interview.**

9 Are you currently employed in the area of work relating to the course you have applied for? YES NO

Company: Contact:

Address: Telephone:

Postcode:

Will you be employed for a minimum of 30 hours per week? YES NO

10 Support with your Learning

Do you receive extra support at the moment? YES NO

Do you think you would benefit from extra support? YES NO

If yes, please tick the relevant box(es) below, so that we can contact you to talk about the support that can be provided.

Dyslexia/Dyscalculia Specific Learning Difficulty <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Speech Impairment <input type="checkbox"/>	Autistic Spectrum Condition <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Mobility Difficulty <input type="checkbox"/>	Medical Condition <input type="checkbox"/>	Mental Health Issues <input type="checkbox"/>	Aspergers Syndrome <input type="checkbox"/>
Moderate Learning Difficulty <input type="checkbox"/>	Severe Learning Difficulty <input type="checkbox"/>	Multiple Disability <input type="checkbox"/>	Multiple Learning Difficulties <input type="checkbox"/>	Emotional/ Behavioural Issues <input type="checkbox"/>
Literacy <input type="checkbox"/>	Maths <input type="checkbox"/>	English for Speakers of Other Languages <input type="checkbox"/>	Other <input type="checkbox"/>	

Please give details, including preferred method of contact:

Do you speak a language other than English at home? YES NO

I am happy for information to be passed on to staff to arrange support? YES NO N/A

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Copy to LSO

Date

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11 Equal Opportunities Monitoring

Please tick which group best describes your ethnic background. These groups are in line with the 2001 Census (for statistical purposes only)

Asian or Asian British			
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Asian background
Black or Black British			
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Black background	
Mixed			
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Other mixed background
Other			
<input type="checkbox"/> Chinese	<input type="checkbox"/> White - British	<input type="checkbox"/> White - Irish	
<input type="checkbox"/> Other White background	<input type="checkbox"/> Please specify:	<input type="checkbox"/> Prefer not to say	

12 Declarations

I confirm that the information on this form is true and correct to the best of my knowledge.

Signature of Applicant:

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Date:

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> and <http://www.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

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.

It is a condition of enrolment for any student, of any age, that they recognise the College's power to search and that they will co-operate with College staff in the implementation of this policy. Further information is available from the College's Policy and Guidance on the Power to Search Students document.

York College has a Safeguarding Policy that conforms to the Local Safeguarding Children Board (LSCB) policy and guidance.

The safeguarding of young people and vulnerable adults is fully embraced by all York College staff and underpins the college's values.

York College reserves the right to refuse enrolment to a course where it has reasonable grounds for presuming that such an enrolment would not be in the best interests of the college.

Please return the completed form to: Admissions Team, York College, Sim Balk Lane, York YO23 2BB.

