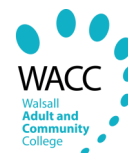


Application Form

Please complete in BLOCK CAPITALS and black ink.



A - Your Details

Title (Mr, Mrs, Miss, Ms)

Gender (M/F)

Forename (In Full)

Surname

Date of Birth

Current Address (This is the address we will use for correspondence)

Postcode

Telephone Number

Email Address

Mobile Number

National Insurance Number

How would you like your application acknowledged? (Please tick one)

Email Post

Please name an emergency contact / next of kin

Relationship to you

Daytime Telephone Number Mobile Number

Please tick if you are a: Looked after child by Social Services or Foster Carer

Care Leaver

Are you happy for WACC to release information to, and take updated information from, your emergency contact? YES NO

B - Your Residence Details

Have you been living in the United Kingdom (UK)/European Union (EU) for the last 3 years? YES NO

Are there any immigration restrictions on how long you can stay in the UK? YES NO

Are you a registered asylum seeker? YES NO

Normal Country of Residence Date of Arrival in UK/EU

C - Prior Learning

Please give name and address of the educational establishment you last attended

Date of Leaving

D - Your Employment Details

If you are in employment, please give the details of your employer

Name of Employer

Address of Employer

E - Course Applying For

My Course Choice

If you are not sure which course is the right one for you, then simply tick this box and we will arrange a guidance interview with one of our professionally qualified guidance staff to help you explore your options.

Guidance Interview

F - Your Qualifications

What are your actual/predicted grades? (This includes GCSE, AS/A Level, NVQs, degrees, etc.)

Subject	Level	Month/Year Completed	Grade/ Predicted Grade
Maths	GCSE		
English Language	GCSE		

Please write something about yourself, including career aspirations, achievements, hobbies, etc.

Equal Opportunities Form



Please complete in BLOCK CAPITALS and black ink and return with your application form.

1 - Your Ethnicity

The College regards all staff and customers as being equal and will strive to promote equality of access and opportunity across all courses and facilities.

To help us monitor this please indicate your ethnic origin (For statistical purpose only)

- | | |
|---|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Asian or Asian British - Chinese | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Mixed - Any Other |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Asian or Asian British - Any Other | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> White - Gypsy or Irish Traveller |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> White - Any Other |
| <input type="checkbox"/> Black or Black British - Any Other | <input type="checkbox"/> Any Other |

2 - Criminal Convictions

Do you have any criminal convictions, cautions, reprimands, final warnings, or charges pending?
(You do not have to disclose those offences that are 'spent' under the Rehabilitation of Offenders Act 1974 unless you are applying for a course that involves working with children or vulnerable adults)

- YES NO

3 - Additional Student Support Requirements

The College can offer a range of support to help learners succeed on their courses.
We welcome learners with disabilities and learning difficulties.
(For example: dyslexia, epilepsy, mobility difficulties and mental health problems)

Will you require any alternative arrangements to assist you at your interview?

- YES NO If yes, please specify the nature of support you require:

Medical History

Do you consider yourself to have a health problem or disability?

YES NO

If Yes, Please Tick The Appropriate Boxes

Visual Impairment Hearing Impairment Disability Affecting Mobility
 Profound Complex Disabilities Mental Health Difficulties Emotional/Behavioural Difficulties
 Multiple Disabilities/Support Needs Asthma Diabetes Epilepsy
 Haemophilia Other - (Please Specify)

Do you need a Personal Emergency Evacuation Plan? YES NO

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 difficulties below.
(tick as appropriate)

Reading Dyslexia Dyspraxia Dyscalculia
 Writing Moderate Learning Difficulty Severe Learning Difficulty
 Multiple Learning Difficulties
 Numeracy Autism Spectrum Disorder
 Asperger's Syndrome Other - (Please Specify)

Do you have a Statement of Educational Need or Educational, Health and Care (EHC) Plan?

YES NO

I agree that my details can be passed to appropriate staff in order to assess possible additional support requirements.

Signed

Date

DD/MM/YYYY