T: 0800 111 6311 E: hello@sccb.ac.uk W: www.sccb.ac.uk

SOUTH & CITY COLLEGE BIRMINGHAM

Bournville COLLEGE

ALL FIELDS MUST BE COMPLETED FOR YOUR APPLICATION TO BE CONSIDERED.

Return to:
FREEPOST RTGR-YYRH-RTUE, South & City College Birmingham, 129 Floodgate Street, Birmingham B5 5SU.

APPLICATION FORM 2019

PERSONAL DETAILS

Please print in UPPERCASE BLOCK letters, using black or dark blue ink

Title

Student Number (if you have studied at the college before)

Date of Birth D D M M Y Y Y Y

Age at 31/08/2018

Surname/Family Name

First Name(s)

Gender ☐ Male ☐ Female

First language

NI Number

Nationality

Are you currently: ☐ In school ☐ 16, 17 or 18 and not in training or education ☐ Claiming JSA or ESA ☐ Other

ADDRESS

Home address

Length of time at address

Telephone no.

Mobile no.

Post code

Email

ETHNIC ORIGIN

White

- ☐ 31 White - English / Welsh / Scottish / Northern Irish / British
- ☐ 32 White - Irish
- ☐ 33 White - Gypsy or Irish Traveller
- ☐ 34 White - Any other background

Mixed / Multiple ethnic group

- ☐ 35 Mixed - White and Black Caribbean
- ☐ 36 Mixed - White and Black African
- ☐ 37 Mixed - White and Asian
- ☐ 38 Mixed - Any other background

Asian / Asian British

- ☐ 39 Asian/Asian British - Indian
- ☐ 40 Asian/Asian British - Pakistani
- ☐ 41 Asian/Asian British - Bangladeshi
- ☐ 42 Asian/Asian British - Chinese
- ☐ 43 Asian/Asian British - Any other background

Black / African / Caribbean / Black British

- ☐ 44 Black/Black British - African
- ☐ 45 Black/Black British - Caribbean
- ☐ 46 Black/Black British - Any other background

Other ethnic group

- ☐ 47 Arab
- ☐ 98 Any other ethnic group

How long have you been resident in the UK?

LEARNER SUPPORT (The following information will be used positively for monitoring purposes or to ensure you get any support you may need.)

If you have a disability or learning difficulty, the college wants to give you the opportunity to discuss your needs in confidence. Any disclosure of disability will be used to help us ensure we make any reasonable adaptations to support you in your course.

Do you consider yourself to have a disability or learning difficulty?	☐ Yes	☐ No
If 'Yes' do you require any help when you attend college for an interview? (We will contact you)	☐ Yes	☐ No
Do you have an EHCP (Education Health Care Plan) or Learning Difficulty Assessment? **If yes please refer to Student Services/ALS Team or Supported Learning before making any offer.**	☐ Yes	☐ No
Is there any other information that you should provide in order to ensure your health and safety and that of any other person at the college?	☐ Yes	☐ No

Disability and/or Learning difficulty (tick one primary and as many secondary)

- P S 04 Visual impairment
- P S 05 Hearing impairment
- P S 06 Disability affecting mobility
- P S 07 Profound complex disabilities
- P S 08 Social and emotional difficulties
- P S 09 Mental health difficulty
- P S 10 Moderate learning difficulty
- P S 11 Severe learning difficulty
- P S 12 Dyslexia
- P S 13 Dyscalculia
- P S 14 Autism spectrum disorder
- P S 15 Asperger's syndrome
- P S 16 Temporary disability after illness (for example post-viral) or accident
- P S 17 Speech, language and communication
- P S 93 Other physical disability
- P S 94 Other specific learning difficulty (e.g. Dyspraxia)
- P S 95 Other medical condition (for example epilepsy, asthma, diabetes)
- P S 96 Other learning difficulty
- P S 97 Other disability
- P S 98 Prefer not to say

COURSE INFORMATION

1st Choice (Please list level and subject e.g. AAT Certificate in Accounting Level 1):

2nd Choice (Please list level and subject e.g. NVQ in Hairdressing Level 1):

Mode of study: ☐ Full-time ☐ Part-time day ☐ Part-time evening ☐ Weekend ☐ Short course ☐ Apprenticeship

Which campus would you like to study at?

☐ Bordesley Green Campus ☐ Digbeth Campus ☐ Fusion ☐ Golden Hillock Women's Centre
☐ Hall Green Campus ☐ Handsworth Campus ☐ Bournville College

If you are looking to do an Apprenticeship/NVQ please give details of your sponsor/employer if you already have one.

Company Name:

Telephone No:

Would you like some advice about courses before deciding on what you would like to study? ☐ Yes ☐ No

HOW DID YOU HEAR ABOUT US?

How did you find out about the College (tick all that apply)?

☐ Previously studied here
☐ Friends / family
☐ School
☐ Skills Show
☐ Employer
☐ Event
☐ Google search
☐ Bus advertising
☐ Radio advertising
☐ Spotify
☐ Facebook
☐ Instagram
☐ Other social media
☐ Other – please state

QUALIFICATIONS

Qualification and grade or predicted grade (most recent first)

Course/Subject	Grades: Expected	Actual	Year

Present or most recent school (If attended within the last 5 years)

REFERENCE

Our Admissions Team may need to contact your teacher for a reference, please provide the following (please fill in your current school):

School Name:

Teacher Name: Contact Telephone Number:

APPLICANT'S SIGNATURE

Signature: Date: D D / M M / Y Y Y Y

Any information we gather via the use of paper/on-line forms will be held by South & City College Birmingham under the terms of the General Data Protection Regulation (GDPR) and used for managing our application process, planning our provision and monitoring the equality of opportunity for all of our applicants. The details you provide may also be used to inform you of future events and promotions which we think may be of interest.

Please tell us how you would like to be contacted by the college: ☐ by telephone ☐ by email ☐ by SMS ☐ any of these