

# UNIVERSITY LEVEL APPLICATION FORM 2020

**Return to:**  
Rachel Avery or Hanna Myles in the  
Admissions team or email it to [he@sccb.ac.uk](mailto:he@sccb.ac.uk)

## 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   Age at 31/08/2020

Surname/Family Name

First Name(s)

Gender  Male  Female First language

NI Number  Nationality

## 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.)

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <input type="checkbox"/> 04 Visual impairment                 | <input type="checkbox"/> <input type="checkbox"/> 11 Severe learning difficulty  | <input type="checkbox"/> <input type="checkbox"/> 17 Speech, Language & Communication                                 | <input type="checkbox"/> <input type="checkbox"/> 96 Other learning difficulty <input type="text"/> |
| <input type="checkbox"/> <input type="checkbox"/> 05 Hearing impairment                | <input type="checkbox"/> <input type="checkbox"/> 12 Dyslexia  | <input type="checkbox"/> <input type="checkbox"/> 93 Other physical disability  | <input type="checkbox"/> <input type="checkbox"/> 97 Other disability <input type="text"/>          |
| <input type="checkbox"/> <input type="checkbox"/> 06 Disability affecting mobility     | <input type="checkbox"/> <input type="checkbox"/> 13 Dyscalculia   | <input type="checkbox"/> <input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia)              | <input type="checkbox"/> <input type="checkbox"/> 98 Prefer not to say                              |
| <input type="checkbox"/> <input type="checkbox"/> 07 Profound complex disabilities     | <input type="checkbox"/> <input type="checkbox"/> 14 Autism spectrum disorder  | <input type="checkbox"/> <input type="checkbox"/> 95 Other medical condition (for example epilepsy, asthma, diabetes) | <input type="checkbox"/> <input type="checkbox"/> 99 Not provided                                   |
| <input type="checkbox"/> <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> <input type="checkbox"/> 15 Asperger's syndrome   |   |   |
| <input type="checkbox"/> <input type="checkbox"/> 09 Mental health difficulty          | <input type="checkbox"/> <input type="checkbox"/> 16 Temporary disability after illness (for example post-viral) or accident |   |   |
| <input type="checkbox"/> <input type="checkbox"/> 10 Moderate learning difficulty      |  |   |   |

## COURSE INFORMATION

Course title:

Which campus would you like to study at?

- Bordesley Green Campus  Bournville College  Digbeth Campus  Fusion

## QUALIFICATIONS

Qualification and grade or predicted grade (most recent first)

Please include GCSE English and Maths grade or equivalent.

Course/Subject

Expected

Actual

Date


## REFERENCE

Please use additional sheets of paper if necessary.

Tutor Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

## APPLICANT'S SIGNATURE

Signature:

Date:

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