

APPLICATION FORM

☐ 2023-24 ☐ 2024-25

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

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student Number (if you have studied at the college before)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname/Family name	<input type="text"/>		
First name(s)	<input type="text"/>		
Preferred first name	<input type="text"/>	Preferred pronouns	<input type="text"/>
First language	<input type="checkbox"/> English <input type="checkbox"/> Other (please state) <input type="text"/>		

CONTACT DETAILS

Home address	<input type="text"/>	Telephone no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Mobile no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	<input type="text"/>

NEXT OF KIN/EMERGENCY CONTACT

Next of kin name	<input type="text"/>		
Relationship	<input type="text"/>	Next of kin tel no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of kin email	<input type="text"/>		

INTENDED DESTINATION

What is the main reason for attending college?

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Progress into Further or Higher Education | <input type="checkbox"/> 03 Improve current employment | <input type="checkbox"/> 05 Update skills |
| <input type="checkbox"/> 02 Enter employment | <input type="checkbox"/> 04 Personal interest | |

EQUAL OPPORTUNITIES

Ethnicity

- | | | |
|---|--|--|
| <input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> 37 White / Asian | <input type="checkbox"/> 43 Any Other Asian Background |
| <input type="checkbox"/> 32 Irish | <input type="checkbox"/> 38 Any Other Mixed / Multiple Ethnic Background | <input type="checkbox"/> 44 African |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller | <input type="checkbox"/> 39 Indian | <input type="checkbox"/> 45 Caribbean |
| <input type="checkbox"/> 34 Other White Background | <input type="checkbox"/> 40 Pakistani | <input type="checkbox"/> 46 Any Other Black / African / Caribbean Background |
| <input type="checkbox"/> 35 White / Black Caribbean | <input type="checkbox"/> 41 Bangladeshi | <input type="checkbox"/> 47 Arab |
| <input type="checkbox"/> 36 White / Black African | <input type="checkbox"/> 42 Chinese | <input type="checkbox"/> 98 Any Other (please state) <input type="text"/> |
| | | <input type="checkbox"/> Prefer not to say |

Religion/belief

- | | | | | | |
|---|-----------------------------------|--------------------------------|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Any other religion (please state) <input type="text"/> | | | <input type="checkbox"/> Prefer not to say | | |

Sexual Orientation

- | | | | | |
|--|--|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay Woman/Lesbian | <input type="checkbox"/> Gay Man | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
|--|--|----------------------------------|-----------------------------------|--|

CIRCUMSTANCE

Please tick any circumstances which apply to you:

- | | | | |
|-----------------------------------|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> In Care* | <input type="checkbox"/> Care Leaver* | <input type="checkbox"/> Carer | <input type="checkbox"/> Supported by a Social Worker |
|-----------------------------------|---------------------------------------|--------------------------------|---|

*Care may have been provided in many different settings e.g. living with foster carers, living in a residential children's home, being looked after at home under a Supervision Order, living with friends or relatives in kinship care.

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

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?

☐ Yes ☐ No

If yes please refer to Student Services/ALS Team or Supported Learning before making any offer.

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)

☐ ☐ 04 Visual impairment

☐ ☐ 05 Hearing impairment

☐ ☐ 06 Disability affecting mobility

☐ ☐ 07 Profound complex disabilities

☐ ☐ 08 Social and emotional difficulties

☐ ☐ 09 Mental health difficulty

☐ ☐ 10 Moderate learning difficulty

☐ ☐ 11 Severe learning difficulty

☐ ☐ 12 Dyslexia

☐ ☐ 13 Dyscalculia

☐ ☐ 14 Autism spectrum disorder

☐ ☐ 15 Asperger's syndrome

☐ ☐ 16 Temporary disability after illness
(for example post-viral) OR accident

☐ ☐ 17 Speech, language and communication

☐ ☐ 93 Other physical disability

☐ ☐ 94 Other specific learning difficulty
(e.g. Dyspraxia)

☐ ☐ 95 Other medical condition
(for example epilepsy, asthma, diabetes)

☐ ☐ 96 Other learning difficulty

☐ ☐ 97 Other disability

☐ ☐ 98 Prefer not to say

EDUCATION & QUALIFICATIONS

Current highest level of qualifications

☐ Entry Level

☐ Level 1

☐ Level 2

☐ Full Level 2

☐ Level 3

☐ Full Level 3

☐ Level 4

☐ Level 5

☐ Level 6

☐ Level 7 and above

☐ Other qualification, level not known

☐ No qualifications

Please provide the name of your current or last school (16-24 only)

COURSE INFORMATION

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

2nd Choice:

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

☐ Golden Hillock Women's Centre

☐ Handsworth Campus

☐ Bournville Campus (Longbridge)

☐ Fusion Centre

☐ Hall Green Campus

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 Data Protection Act 2018. The information gathered will be used by us for managing our application process, provision of places and equality 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