





## **Higher Education - Application Form 2026/27**

Person/EBS C	Code:										
Personal Details (Please complete in BLOCK CAPITALS and answer ALL questions)											
	(	, <u>,</u>			,						
Title: First Name: Family Name:											
Middle Names:				Legal Sex:							
Home Address:				Date of Birth:							
		Post Code:	Code:								
Email Address:											
Telephone Number (Mobile):  Telephone Number (Home):											
Please tick which of these apply to your home address:											
☐ (2) Parental	Address	□ (7)	(8) Other rented accommodation   (4) Other								
Emergency Contact (Name): Emergency Contact (Tel No.):											
Please declare whether you have any relevant convictions or current proceedings against you or you are on any offenders register  * If you answer yes we will contact you and ask for more details  Yes  No											
2. Disability, Learning Difference and Additional Support  The College is committed to ensuring that reasonable provision is made for students with disability, health or medical conditions and to provide whatever support we can for your additional needs.											
Do you have any kind of disability and/or Learning Difference, which could affect your studies?											
e.g. Hearing or visual impairment, Dyslexia, Autism Spectrum Disorder, mental health, medical or health problems?  YES  NO											
3. Course Information (Please give details of all courses you wish to apply for)											
•		actails of all oot	irses you wish to	apply for)							
Course Code		Course		apply for)	Start Date	End Date	Qu	al Aim	Qual Hours		
Course Code	( 3			apply for)	Start Date	End Date	Qu	al Aim	7		
		Course		apply for)	Start Date	End Date	Qu	al Aim	7		
4. Student Signat  DECLARATION (I	ture and Declaration to be signed by the lea ffice. I further understa	Course on one of the course on one of the course of the co	Title  at the information poe unable to attend	provided is correct for the first week a	and that should	any information ch	ange it is r	my responsil the College.	Hours billity to		
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5. Nationality & Residency														
What is your Nationality? Norma				nal Country of Residence: National Insur				rance	e No:					
Have you been resident (settled) in the UK or an EU country for at least 3 years immediately prior to the start of your proposed course?  Yes									Γ	¬ '	No	П		
If not, where have you lived?														
Type of ID seen?								ate of Birth checke	ad					
Type of 1D seem:									lame checked	<del>J</del> u				
								14	arric criccica					
6. Ethnic Origin	(Pleas	e indicate whic	h best desc	cribes yo	our ethnicity)									
White	L / O		d / Multiple E	Ethnic Gr	roup	Asia	an / Asian B	ritish	h Black	/African/Caril	bean/E	Black Br	itish	
	English / Welsh / Scottish / Northern Irish / British		White and I	and Black Caribbean			☐ Indian							
□ Irish	11.1			ind Black African			Pakistani			Caribbean				
☐ Gypsy or Irish Traveller ☐ White			White and	and Asian			] Bangladeshi			Any Other Black/African/Caribbean				
_ Any Other Wh		ner Mixed / Multiple			Chinese			☐ Background Other Ethnic Group						
Background	Ethnic Back	Background			Any Other	Asiar		Δη			ny Other Ethnic			
							Backgroun		" 🗆	Arab [		Group	Lumo	
7. Qualifications	& Exa	aminations (Pl	ease indica	ite which	n best describ	es y	our current	qua	alifications level)					
	forma	Laualifications)					1 Lovel 4	(Car	tificate of Higher F	ducation)				
☐ Level 0 (No formal qualifications) ☐ Level 4 (Certificate ☐ Level 1 (GCSEs grade D or below) ☐ Level 5 (Foundations)								ndation Degrees)	ducation)					
_ `	_	,	ove or up to	3 AS Lev	els)			•	,					
	□ Level 2 (5 GCSEs at grade C or above or up to 3 AS Levels) □ Level 6 (First Degree) □ Level 3 (2 or more A Levels or equivalent) □ Level 7+ (Masters, Post-graduate, Doctorates)													
		<u>.</u>						` 			· .			
OFFICE USE ON		lease note that e	evidence of a	qualifica	tions will be re	quir	ed such as c	ertifi	icates or examin	ation result s	lips)			
Highest level of qu		tion seen & docu	imented	П	Qualification ty	pe:								
8. Employment/l	House	hold Informati	on											
Are you currently er	nplove	1?												
7.11.0 <b>7</b> .010 0411 01111, 01								l						
YES/Self Employed									NO					
How many hours		less than 10 hr				nrs per week			Are you actively seeking YES □ NO □ employment?					
per week?	per week? (5)			(6)						•				
21 - 30 hrs per week			week	_			1 hrs per week How lo			ong have you been unemployed?				
	(7)			(8)										
How long have		Up to 3 month	S		4 – 6 month	ıs			☐ Less th	an 6 months		6-11	montl <sub>S</sub>	
you been in your	(1)	7 40 11		(2)					(1)		(2)	Betwe	en 24 _	25
current employment?	□ (3)	7 – 12 months		(4)	More than	1 year	r		12-23	months		month		33
	(3)			(4)					(3)	More t	(4) han 3 ye			
										) 				
Are you in receipt of	fa	YES 🗆	1	,	NI credits only	)			Oth	er Benefit				
state benefit?		NO 🗆	1	ESA (WI	RAG)				Uni	versal Credit				
Which of the follow	ing hes	t describes vour e	mnlovment	,										
	•	•		•			Lowe	mar	nagerial & profess	ional occupati	one			
Higher managerial & professional occupations			ns		Lower III			IIIai	nagenal & profess	ons				
Intermediate occupations					Small en			emp	oloyers & own-acc					
Lower supervisory & technical occupations					Semi- routine of			tine occupations	upations					
Routine occupations				Never worked & long term unemployed										
Not classified														
OFFICE USE ONLY: CHECK LIST														
Processed By:		Dat	e:			П	D		Entitlement	Eligibilit	У			
Notes:														