

# Application Form for full time courses

Complete this form in **BLOCK CAPITALS** using black or blue ink,  
or apply online at [www.stourbridge.ac.uk](http://www.stourbridge.ac.uk)

Please return the completed form to Admissions, Stourbridge College, Hagley Road, Stourbridge, DY8 1QU.  
Any queries please contact Admissions on **01384 344634** or email [admissions@stourbridge.ac.uk](mailto:admissions@stourbridge.ac.uk)

## INFORMATION ABOUT YOU

Title:  Male  Female

First Name (as on Birth Certificate): \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Surname (as on Birth Certificate): \_\_\_\_\_

Known as (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Are you/or have you been in care?  yes  no

Information of this nature will be passed to the Learning Support Coordinator who will contact you to discuss your needs

Are you known to the Youth Offending Team?  yes  no

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NATIONALITY/ETHNICITY

What is your nationality? \_\_\_\_\_

What is your ethnic group? Please tick any that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African (BBA)                  | <input type="checkbox"/> Caribbean (BBC)     | <input type="checkbox"/> Other Black (BBO)           |
| <input type="checkbox"/> Arab (OAR)                     | <input type="checkbox"/> Indian (ABI)        | <input type="checkbox"/> Pakistani (ABP)             |
| <input type="checkbox"/> Bangladeshi (ABA)              | <input type="checkbox"/> Chinese (OCH)       | <input type="checkbox"/> Other Asian (ABO)           |
| <input type="checkbox"/> Other Mixed (MWO)              | <input type="checkbox"/> White & Asian (MWA) | <input type="checkbox"/> White & Black African (MWB) |
| <input type="checkbox"/> White & Black Caribbean (MWC)  | <input type="checkbox"/> White British (WBR) | <input type="checkbox"/> Other White (WOT)           |
| <input type="checkbox"/> Gypsy or Irish Traveller (WGT) | <input type="checkbox"/> Irish White (WIR)   | <input type="checkbox"/> Any Other (OAR)             |

Have you been a resident in the UK or an EU Country for the last 3 years?  yes  no

If no, please state where you were resident: \_\_\_\_\_

Date of Entry to UK: \_\_\_\_\_

Do you have refugee status?  yes  no

Are you/ your family seeking asylum in the UK?  yes  no

Date of Entry to UK: \_\_\_\_\_

## PRESENT OR PREVIOUS SCHOOL/COLLEGE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Leaving: \_\_\_\_\_

## REFERENCE (By giving this information, you consent to us contacting your reference.)

If you are not a school leaver please give details below of someone willing to provide a reference (not a friend or relative)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## COURSES APPLIED FOR

AS Levels: (minimum 3 - maximum 4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vocational: (State area & level e.g. Sport L2) \_\_\_\_\_

\_\_\_\_\_

Post Level 3 Course: \_\_\_\_\_

\_\_\_\_\_

Apprenticeships: (State area e.g. Childcare) \_\_\_\_\_

Do you have an Employer relevant to the Apprenticeship Programme you are applying for :  yes  no

If yes, please provide their contact details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_ Admission Signature: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

EBS No: \_\_\_\_\_

## LEARNER SUPPORT

Would you describe yourself as having a disability?

yes  no

Please tick any that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Visual impairment (01)                  | <input type="checkbox"/> Profound complex disabilities (09)     |
| <input type="checkbox"/> Hearing impairment (02)                 | <input type="checkbox"/> Aspergers syndrome (10)                |
| <input type="checkbox"/> Disability affecting mobility (03)      | <input type="checkbox"/> ADH (05)                               |
| <input type="checkbox"/> Other physical condition (04)           | <input type="checkbox"/> Multiple disabilities (90)             |
| <input type="checkbox"/> Other medical condition (05)            | <input type="checkbox"/> Diabetes (05)                          |
| <input type="checkbox"/> Emotional/behavioural difficulties (06) | <input type="checkbox"/> Epilepsy (05)                          |
| <input type="checkbox"/> Mental health difficulty (07)           | <input type="checkbox"/> Asthma (05)                            |
| <input type="checkbox"/> Temporary disability after illness (08) | <input type="checkbox"/> Other disability (please specify) (97) |

Or a learning difficulty?

yes  no

Please tick any that apply.

- |  |
|--|
| <input type="checkbox"/> Moderate learning difficulty (01)               |
| <input type="checkbox"/> Severe learning difficulty (02)                 |
| <input type="checkbox"/> Dyslexia (10)                                   |
| <input type="checkbox"/> Dyscalculia (11)                                |
| <input type="checkbox"/> Other specific learning difficulty (19)         |
| <input type="checkbox"/> Autism spectrum disorder (20)                   |
| <input type="checkbox"/> Multiple learning difficulties (90)             |
| <input type="checkbox"/> other learning difficulty (please specify) (97) |

Do you require any assistance when you attend an interview? (i.e. interpreter/wheelchair access/signer?)

yes  no

Are there any specific dates you are unable to attend for an interview? (i.e. due to exams/work?)

yes  no

## QUALIFICATIONS & AWARDS

### Examinations to be taken before entering College

Subject	Level	Predicted Grade

### Qualifications already obtained

Subject	Level	Date	Grade Achieved

## PERSONAL STATEMENT (Please use this space to tell us about yourself i.e. hobbies/interest/career plans etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

...Continue on a separate sheet if necessary

## CAREER/FURTHER STUDY (Please indicate your thoughts at this stage on your career or further study)

\_\_\_\_\_

All information provided in this application is subject to the provisions of the Data Protection Act 1998.

The information will be used by the college to administer the application

Signature of applicant:	Signature of Parent/Guardian: (If student is under 18 years)
Date :	Date: