



FULL-TIME COURSE APPLICATION FORM

Tel: 01273 890 454
 Fax: 01273 890 071
 Web: www.plumpton.ac.uk

Plumpton College

Address: Full Time Admissions, Plumpton College, Ditchling Road, Plumpton, East Sussex, BN7 3AE

PERSONAL DETAILS

SURNAME:

FIRST NAME(S):

MR MRS MISS MS DR OTHER _____

GENDER: MALE FEMALE

DATE OF BIRTH: / /

NATIONALITY:

AGE AT START OF COURSE:

CONTACT DETAILS

HOME ADDRESS:

POSTCODE:

HOME TEL:

MOBILE TEL:

EMAIL:

UNIQUE LEARNER NO:

NATIONAL INSURANCE NO:

RESIDENCY:

HAVE YOU BEEN PERMANENTLY RESIDENT IN THE UK/ EEA FOR THE PAST 3 YEARS? YES NO

IF NO WHAT IS YOUR COUNTRY OF RESIDENCY?

IF NO PLEASE GIVE DATE OF ENTRY TO THE UK:

WHAT IS YOUR FIRST LANGUAGE?

ETHNIC ORIGIN

White English/ Welsh/ Scottish/ Northern Irish/ British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White Gypsy or Irish Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any Other White Background	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other Black/ African/ Caribbean background	<input type="checkbox"/>
Any other Mixed/ Multiple Ethnic Background	<input type="checkbox"/>	Arab	<input type="checkbox"/>
		Indian	<input type="checkbox"/>
		Any other ethnic group	<input type="checkbox"/>

COURSE YOU ARE APPLYING FOR

COURSE CODE:

YEAR OF ENTRY:

COURSE TITLE:

FOR OFFICE USE
STUDENT NUMBER

CURRENT STUDENT?

FE STUDENT YES
 APPRENTICE YES

CRIMINAL CONVICTIONS

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES NO

IF YES PLEASE GIVE FURTHER DETAILS OR CONTACT THE DEPUTY PRINCIPAL (ACADEMIC & QUALITY): Tel: 01273 892 054

NAME OF PARENT(S)/ GUARDIAN(S)/ NEXT OF KIN

SURNAME:

FIRST NAME(S):

CONTACT DETAILS

HOME TEL:

MOBILE TEL:

EMAIL:

INFORMATION

HOW DID YOU HEAR ABOUT THE PROGRAMME YOU HAVE APPLIED FOR?

Website	<input type="checkbox"/>	Schools Careers Event	<input type="checkbox"/>
College Open Day	<input type="checkbox"/>	Another College	<input type="checkbox"/>
Trade Show	<input type="checkbox"/>	Friends/ Family	<input type="checkbox"/>
Newspaper Article	<input type="checkbox"/>	College Prospectus	<input type="checkbox"/>

Please continue to the next page

WHEN YOU HAVE COMPLETED THIS FORM, PLEASE RETURN IT TO:

**FULL TIME ADMISSIONS, PLUMPTON COLLEGE,
 DITCHLING ROAD, PLUMPTON, EAST SUSSEX, BN7 3AE**

ADDRESS OF LAST SCHOOL ATTENDED

NAME:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

QUALIFICATIONS

PLEASE LIST ALL RELEVANT EXAMINATIONS PASSED AND ANY THAT YOU WILL BE TAKING THIS YEAR. IT IS VERY IMPORTANT THAT YOU INCLUDE PREDICTED GRADES FOR EXAMINATIONS NOT YET TAKEN.

SCHOOL/ COLLEGE	SUBJECT	ACTUAL GRADE/ PREDICTED GRADE	DATE OF EXAM	LEVEL (E.G GCSE)

CURRENT EMPLOYMENT STATUS

FULL TIME

PART TIME

SELF EMPLOYED

UNEMPLOYED

RELEVANT WORK EXPERIENCE

EMPLOYER	DATES (TO/ FROM)	JOB TITLE	DESCRIPTION OF ROLES & RESPONSIBILITIES

PLEASE DESCRIBE YOUR INTERESTS & HOBBIES

PLEASE STATE YOUR FUTURE CAREER DEVELOPMENT PLANS

YOUR INDIVIDUAL NEEDS

We will do our best to provide the support you need. Please complete the section below.

DO YOU HAVE A DISABILITY? YES NO

DO YOU REQUIRE LEARNING SUPPORT? YES NO

If you have said yes to either question please specify the support you require and ✓ the appropriate box below.

- | | | | |
|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Moderate learning difficulty | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> |
| Severe learning difficulty | <input type="checkbox"/> | Disability affecting mobility | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Asperger Syndrome | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> | Emotional behavioural difficulties | <input type="checkbox"/> |
| Dyscalculia | <input type="checkbox"/> | Mental ill health | <input type="checkbox"/> |
| Other specific learning difficulty | <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> |
| Multiple learning difficulties | <input type="checkbox"/> | Profound complex disabilities | <input type="checkbox"/> |
| Statement of educational needs | <input type="checkbox"/> | Wheelchair user | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If you have ✓ yes to any of the above, please give further details e.g. Reader for exams, use of hearing loop:

Do you have a statement from an educational psychologist, for special needs? YES NO Do you have a MOP? YES NO

I give my permission for this information to be passed to Learning Support, Teaching Staff & Exams Officer.

Signature: _____ Date: / /

PLEASE SUPPLY THE NAMES AND ADDRESSES OF TWO PEOPLE WHO CAN BE CONTACTED BY PLUMPTON COLLEGE FOR REFERENCES, PRIOR TO INTERVIEW. ONE REFEREE SHOULD BE EITHER A CURRENT EMPLOYER, OR TUTOR IF STILL AT SCHOOL/ COLLEGE

REFERENCE SCHOOL/PERSONAL
SURNAME:
FIRST NAME(S):
CONTACT DETAILS
ADDRESS:
POSTCODE:
HOME TEL:
MOBILE TEL:
EMAIL:

REFERENCE EMPLOYER/PERSONAL
SURNAME:
FIRST NAME(S):
CONTACT DETAILS
ADDRESS:
POSTCODE:
HOME TEL:
MOBILE TEL:
EMAIL:

SIGNATURE

I declare that the answers given are correct and true to the best of my knowledge and belief, and I undertake that this applicant, if admitted as a student to Plumpton College, will attend the full programme of instruction, pay any fees required and abide by all College rules and regulations.

SIGNATURE OF APPLICANT: _____ **DATE** / /

IF APPLICANT IS UNDER 18, SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** / /

Information you provide on this enrolment form will be passed to the Funding Agencies, which are registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the Agencies to share information with other organisations to monitor performance, improve quality and plan future provision. Further information about data confidentiality is available upon request from the institution at which you are enrolling.

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Please indicate if there are any restrictions on how you may be contacted by ticking against the relevant boxes. Post Telephone Email

Tick this box if you wish not to be contacted by the SFA, YPLA or their partners in respect of surveys/research by mail or phone

Tick this box if you do not wish to be contacted by the SFA, YPLA or their partners about courses or learning opportunities by post

