

## Higher Education Application Form Part-Time and Postgraduate Applicants Only

Please submit completed forms to <a href="mailto:enquiries@plumpton.ac.u">enquiries@plumpton.ac.u</a>k

Personal	Details					
Surnai	me·			Forename(s):		
	itle:	Gender:		10101111110(3).		
Date of Bi		derider.	NI Number:		Ethnic Group:	
Date of Bi			THI TRAITISCI.		Etime Group.	
Address D						
Addr	ess:					
Post Co	ode:			Country:		
Contact De	etails					
Mobile 1	Vo.:			Tel No.:		
Email add	lress:					
Criminal C	onvictions					
1 -	ave any relevant		Yes	No		
	ns or Youth Offe					
					College. We are keen to <b>S</b> if you have any of the	
		erson, whether of a vic			3 ii you nave any or the	Tollowing convictions.
- arso		,		•		
-	offences related to					
			lawful supply or u	se of controlled dr	ugs or substances where	e the conviction concerns
com	nmercial drug deali	ng or trafficking.				
You do not ha	ave to declare relev	ant spent convictions	(under the rehabi	litation of Offende	rs Act 1974) except wher	າ you are applying for a
				with children or v	ulnerable adults, as this	may affect your ability to
attend work p	placements and pos	ssibly achieve your co	urse.			
Course D	etails					
		u wish to apply fo	or in order of p	reference:		
Choice	Course Code	Course Name	•			Intensity
Number						
1						
2						
3						
4						
For current	t students at Pl	umpton College				
Student N	0.					
Current C	ourse:					



Next of Kin/Er	nergency Contact (1)
Name:	Relationship:
Mobile No.:	Tel No.:
Email address:	TETINO
Erriali addi ess.	
Next of Kin/Er	nergency Contact (2)
Name:	Relationship:
Mobile No.:	Tel No.:
Email address:	
nominated Next  Yes  No	of Kill Contacts:
Nationality  Nationality:	Have you been a legal resident of
inationality.	the EU/UK for the past 3 years?:
Country of	If no, what is your date of entry to
Residence:	the UK?:
Do you need a S	tudent Visa to Study in the UK?:
Disability/Le	disabilities and/or learning difficulties?:
Support Arrange	

received previously:

Have you applied for/do you receive DSA?

If so, DSA Customer Reference Number:

Yes

No



Education

Previous School:					
Date Started:		Date Left:			
Qualifications					
Please list <u>all qualifications</u>					
You will need to provide co					
Level of Qualification	Full Qualification I	Name	Predicted/	Grade	Year Taken
(eg: GCSE, FdA, BSc			Achieved		
Hons)					+
					+
					+
					+
					+
					+
					+
	-				
If you are an EU or Interna	tional student, you will ne	eed to have an	<b>English qualification</b>	n, eg. IELTS, w	ith a minimum
	S	score of 6.5			
Household Situation					
(Household 1)					
Select whichever one appli	es to your situation:				
(Household 2)					
Select whichever one appli	es to your situation:				
		_			
How did you hear abo	ut Plumpton College	??			
Please select:					



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Date Joined	Date Left	Position	Organisation	Address

References	
Please provide fu	ull details as referees will be contacted to progress your application.
(1) Educational (	Contact if still in College, or name of previous educational contact
Name:	Mobile No.:
Address:	
Email:	
(2) Employer/Pe	ersonal Contact (must not be a relation)
Name:	Mobile No.:
Address:	
Email:	



Personal Statement
Please write a short statement to support your application, including why you would like to do your chosen course and future career plans.

I understand that I have a responsibility to provide accurate information, and that the information I have given is correct to the best of my knowledge. I will update the College if any of my personal details change. I consent for the personal information about me provided on the application and reference forms to be held, recorded and processed by Plumpton College, according to the Data Protection Act 1998. I understand that the information will be treated in confidence and used internally for specific purposes during the application process. This may also include contacting you by post, email or telephone from time to time in connection with your application.

I understand that the College needs to hold and provide data to the Higher Education Statistics Agency (HESA) or for any other legitimate reason. I consent to the disclosure of such information for academic and administration purposes, in response to requests to reference relating to continuing education, training or employment, for implementation of the rules or in relation to council tax matters. I understand that HESA pass data to organisations that need it to carry out their statutory funding connected with funding with Higher Education.

Date:

I declare to the best of my knowledge that the information I have given is a true and correct record.

**Declaration**