

# APPLICATION FORM 2021 – 2022

This form can be used to apply for full-time courses at all campuses. Please complete **ALL** sections in **CAPITAL** letters using a black pen.



Office Use only

Student ID:

Unique Learner Number:

## Section 1: Personal Details (Please provide your Legally Registered names)

Title (e.g Ms/Mrs/Miss/Mr/Dr/Mx)  First name(s)

Surname (Family name)

Date of Birth (DDMMYYYY)  Male  Female  Age on 31 August 2021

Current Address

Telephone: Home  Applicant Mobile

Applicant Email

Last School Attended (under 19 only)

Are you in care or a care leaver?  Y  N Are you a carer?  Y  N

## Section 1.1: Nationality (Please place a cross in the relevant boxes)

Nationality

Have you been legally resident in the UK/EU for the past 3 years?  Y  N

Do you have the right to study and work in the UK/EU?  Y  N Date of entry to the UK/EAA

Have you applied under the EU settlement scheme?  Y  N

## Section 1.2: Ethnicity (How would you best describe yourself)

<input type="checkbox"/> 31 English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/> 35 Mixed/Multiple Ethnic Group White and Black Caribbean	<input type="checkbox"/> 41 Black/African/Caribbean/ Black British	<input type="checkbox"/> 47 Other Ethnic Group Arab
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 42 African	<input type="checkbox"/> 48 Asian
<input type="checkbox"/> 33 Gypsy or Irish Traveller	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 43 Caribbean	<input type="checkbox"/> 49 Any Other Ethnic Group **
<input type="checkbox"/> 34 Any Other White Background	<input type="checkbox"/> 38 Any Other Mixed/Multiple Ethnic Background	<input type="checkbox"/> 44 Any Other Black/African/ Caribbean Background	<input type="checkbox"/> Not Provided

## Section 2: Disabilities and Learning Difficulties

Do you consider yourself to have a learning difficulty and/or disability and/or health problem?  Y  N

Do you think that you may need additional support whilst attending college?  Y  N

Please tick all that apply, that you wish to record, below. Please supply us with a copy of any relevant documentation.

<input type="checkbox"/> 04 Vision impairment	<input type="checkbox"/> 11 Severe learning difficulty	<input type="checkbox"/> 93 Other physical disability
<input type="checkbox"/> 05 Hearing impairment	<input type="checkbox"/> 12 Dyslexia	<input type="checkbox"/> 94 Other specific learning difficulty
<input type="checkbox"/> 06 Disability affecting mobility	<input type="checkbox"/> 13 Dyscalculia	<input type="checkbox"/> 95 Other medical condition
<input type="checkbox"/> 07 Profound complex disabilities	<input type="checkbox"/> 14 Autism spectrum disorder	<input type="checkbox"/> 96 Other learning difficulty
<input type="checkbox"/> 08 Social and emotional difficulties	<input type="checkbox"/> 15 Asperger's syndrome	<input type="checkbox"/> 97 Other (please specify)
<input type="checkbox"/> 09 Mental health difficulty	<input type="checkbox"/> 16 Temporary disability after illness	
<input type="checkbox"/> 10 Moderate learning difficulty	<input type="checkbox"/> 17 Speech, language and communication needs	

From the list above, please state, which is your primary/most significant learning difficulty/disability \_\_\_\_\_

## Safeguarding Children, Young People and Vulnerable Adults

East Sussex College Group is keen to support all students to help them succeed. For some careers you will need to declare all criminal convictions including those that are spent. Doing this will not necessarily stop you being offered a place on a course.

If you are unsure about what to declare then please seek advice from our Head of Safeguarding (you do not need to give your name) or ask a careers advisor at the National Careers Service at <https://nationalcareersservice.direct.gov.uk/aboutus/contactus>.

I have a criminal conviction and need to make a disclosure and have attached the information to my email.  Y  N yes no

If you have attached disclosures to your email it will be sent to the Head of Safeguarding who will make contact and may ask you to come in for an interview to discuss. Please note: failing to complete this section or providing misleading or false information may lead to your application/enrolment being withdrawn.

**Section 3: Prior attainment level and qualifications on entry** (Please indicate below the level of your highest qualification)

- 09 No previous qualifications
- 09 Entry Level (Certificates in Adult Literacy & Numeracy, and Entry Level Functional Skills)
- 01 Level 1 (GCSE at grades D-G/3-1 (or fewer than five at grades A\*-C/9-4), NVQ/BTEC Level 1 and Level 1 Functional Skills)
- 02 Full Level 2 (GCSE (five or more at grades A\*-C/9-4), one A-Level/2 or 3 AS-Levels, BTEC First Diploma, Level 2 NVQ, or a Level 2 in Functional Skills)
- 03 Full Level 3 (Two or more A-Levels/four or more AS Levels, NVQ Level 3, Diploma Level 3, or Access to HE Diploma)
- 04 Level 4 (HNC, Certificates of Higher Education, Teaching Qualifications, or NVQ Level 4)
- 05 Level 5 (Foundation Degree or HND)
- 06 Level 6/7+ (Bachelor's Degree, Master's or PGCE)
- 07 Other qualification Please specify: \_\_\_\_\_

Please list all the qualifications you will have or will be taking before the start of the course. Continue on a separate sheet if necessary.

Qualification Type (e.g. GCSE)	Awarding Body (e.g. Edexcel)	Subject (e.g. Maths)	Predicted Grade (if not yet completed)	Grade (if completed)	Date Completed

**Section 4: Your choice of course**

Course Code	Course Title (list all subjects if A-Levels)	Course Campus	Order of Priority
			1
			2
			3

Do you wish to apply for an Apprenticeship?  Y  N If yes, please specify subject area: \_\_\_\_\_

Please tick if you have an employer who is willing to take you on as an apprentice

**Section 5: Career Plans, other interests and experience** (Please use this section to tell us about yourself. Continue on a separate sheet if needed)

**Career aims:**

**Work experience/other activities/interests:**

**Section 6: Signature**

**Signature of applicant:**

<p><b>Signature of parent/guardian:</b> (if applicant is under 18)</p> <p><b>Print name:</b></p>	<p><b>Parent/guardian contact details:</b></p> <p>Email:</p> <p>Telephone:</p>
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**Data Protection and your personal information** (how we use your personal information)

Information processed in accordance with the Data Protection Act. East Sussex College Group will collect and process your personal data under GDPR Article 6e (Public Task) in order for us to carry out our public task of providing education and training. The Privacy Policy can be found at: [www.escg.ac.uk/policies](http://www.escg.ac.uk/policies)

Please tick the following boxes if you DO wish to be contacted about:      New courses/learning opportunities       Surveys and research

To finish your application, please return this form to Admissions at:

**To study an Eastbourne course:**  
East Sussex College Group, Cross Levels Way, Eastbourne, BN21 2UF

**To study a Hastings course:**  
East Sussex College Group, Station Plaza, Station Approach, Hastings, TN34 1BA

**To study a Lewes course:**  
East Sussex College Group, Mountfield Road, Lewes, BN7 2XH