Application Form 2026-27



This form can be used to apply for Higher Education courses at all campuses. Please complete ALL sections and return this form to us, with your PERSONAL STATEMENT.

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):										
Firstname(s):										
Surname (Family name):										
Preferred name:										
Date of Birth: Age on 31 August 2026:										
Legal Sex: Male Female Gen	der Identity: Male Female	Trans Male Trans Female Non-E	Binary Prefer not to say Other							
Current Address:										
		Po	ostcode:							
Telephone: Home		Mobile								
Email:										
Are you, or have you ever been, in recei	pt of Free School Meals? Yes	No								
Are you a carer for an adult in receipt o	f Adult Carer allowance or similar?	Yes No								
Section 1.1: Nationality (Please pl	ace a cross in the relevant boxes)									
Nationality:										
Have you been legally resident in the Ul	K since 31st December 2020? Yes	No								
Do you have the right to study and work	k in the UK (e.g. Permission to remain th	nrough the EU Settlement Scheme or Stu	dent Visa)? Yes No							
Date of entry to the UK:										
What country and area do you normally	v live, if different to your current address	s in Section 1?								
Country of Birth:										
Section 1.2: Ethnicity (How would you best describe yourself)										
White	Mixed / Multiple Ethnic Group	Black / African / Caribbean / Black British	Other Ethnic Group							
English / Welsh / Scottish / Northern Irish / British	White and Black Caribbean	African	Arab							
Irish	White and Black African	Caribbean	Any Other Ethnic Group							
Gypsy or Irish Traveller	White and Asian	Any Other Black / African / Caribbean Background	Not Provided							
Any Other White Background	Any Other Mixed/ Multiple Ethnic Background									
Section 2: Criminal Convictions										

ESCG is keen to support students with criminal convictions to help them succeed. Having a criminal record will not necessarily prevent you taking up a place, depending on the circumstances of the offence.

Do you have an unspent criminal conviction?

If you are applying for a course in teaching, health, social work, childcare or involving work with children or vulnerable adults, previous criminal convictions may affect your ability to attend work placements and possibly achieve your course.

Do you have a spent criminal conviction?

(Only complete this question if applying for a relevant course) Yes No If you are unsure about what to declare please seek advice from our Safeguarding Team or we suggest you seek advice from Citizens Advice Bureau or the Probation Service, Youth Offending Team or NACRO - www.nacro.org.uk

If you have declared an unspent or spent criminal conviction you will receive a letter with an attached form. You will have 10 days to return the form to the Designated Safeguarding Lead who will review your disclosure. During this time your application/enrolment will be placed on hold pending review of your disclosure. You may be required to come in for an interview to discuss your disclosure further.

Please note that failing to complete this section or providing false information may lead to your application/enrolment being withdrawn. Any information you provide the College Group in relation to criminal convictions will only be disclosed to third parties if this is necessary in the interests of the safety and welfare of other students or staff.

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Section 3: Disabilities and Learning Difficulties

Do you consider yourself to have a learning difficulty, disability, or medical condition (including severe allergies)?

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

Visual impairment Severe learning difficulty Other physical disability

Hearing impairment Dyslexia Other specific learning difficulty

Disability affecting mobility

Profound complex disabilities

Autism spectrum condition

Other learning difficulty

Social and emotional difficulties

Temporary disability after illness

Other (please specify)

Mental health difficulty Speech, language and communication needs

Moderate learning difficulty Downs Syndrome

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

Section 4: Education and Training (please list relevant qualifications here)

Qualifications (e.g. GCSE, A-Level)	Awarding Body (e.g. Edexcel)	Subject (e.g. Maths)	Date completed	Grade (if completed)	Predicted Grade (if not yet completed)

Name of most recent school or college attended:

Course studied:

When did you start? When did you finish?

Did you attend: Full-time education Part-time education

Section 4.1: Highest level of qualification achieved to date

Entry Level (e.g. Certificates in Adult Literacy & Numeracy, Entry Level Functional Skills)

 $\textbf{Level 1} \ (\text{e.g. Less than 5 GCSEs at grades A*-C / 9-4, Award/Certificate/Diploma Level 1, NVQ Level 1, Level 1 Functional Skills)}$

Level 2 (e.g. Award/Certificate Level 2, Level 2 Functional Skills)

Full Level 2 (e.g. GCSE/O Level (5 or more at grades A*-C / 9-4), 1 A Level / 2 or 3 AS levels, BTEC First Diploma, Level 2 NVQ, Level 2 Functional Skills, Level 1 Functional Skills)

Level 3 (e.g. Award/Certificate Level 3)

Full Level 3 (e.g. 2 or more A Levels / 4 or more AS Levels, NVQ Level 3, National Diploma / Diploma Level 3, Access to HE)

Level 4 (e.g. HNC, Certificates of Higher Education, Teaching, Qualifications (PTLLS), NVQ Level 4)

Level 5 (e.g. Foundation Degree, HND)

Level 6 (e.g. Bachelor's Degree)

Level 7+ (e.g. Masters, PGCE, PHD)

Other Qualifications

No Previous Qualifications

Section 4.2: Highest English & Maths qualifications achieved to date

Maths English

GCSE (Specify Grade):

Functional Skill (Specify Level):

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Section 5: Employ	ment						
Please provide detail	s of any current employment	or work ex	kperience				
Name of employer:							
Job title:							
Start date:	End	d date:					
Section 6: Your ch	oice of course						
Course Code	Course Title						Course Campus
Start date:	Poir	nt of Entry:	:				
Section 7: How ar	e you paying for your cou	ırse fees?					
Please tick the box b	elow that best describes paym	nent:	Student Loan	Employer	Self-Fun	iding	
Section 8: Referen	nce						
Please provide detail	s of a nominated person who	we can co	ntact to obtain a	reference			
Name:							
Email address:							
Telephone number:							
Relationship to you (i	.e. tutor, employer):						
Section 9: Signate	ure						
Signature of applica	int:						
						Date signed	:
Confirm you hav	re completed the Personal State	ement on th	ne last pages				

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

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

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This form can be used to write your Personal Statement.

You can either use THIS FORM to write 250+ words, or attach a WORD DOCUMENT/PRINT OUT to your Application Form.

Office Use only	Student ID:						Unique Learner Number:					

Section 1: Personal Statement

This personal statement should include additional information to support your application. You could include details about your individual skills, experiences, and personal attributes. Focus where possible on any relevant achievements and ambitions, and how they align with the requirements of the course you have applied for.

We will also accept typed personal statements which you can print out and attach to your **Application Form**.

ONGE YOU HAVE PINISHED YOUR APPLICATION FORM AND ATTACHED YOUR PERSONAL STATEMENT, PLEASE RETURN TO:		
TO STUDY AN EASTBOURNE OR LEWES COURSE: TO STUDY A HASTINGS COURSE: OR EMAIL US:		