

This form can be used to apply for Higher Education courses at all campuses.

Please complete **ALL** sections in **CAPITAL** letters using a black pen, 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)  First name(s)

Surname (Family name)

Date of Birth  Male  Female  Age on 31 August 2020

Current Address

Telephone: Home  Mobile  Postcode

Email

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

Nationality  Have you been legally resident in the UK since 31st December 2020?  Y  N

Do you have the right to study and work in the UK?  
e.g. Permission to remain through the EU Settlement Scheme or Student Visa?  Y  N Date of entry to the UK

What country and area do you normally live, if different to your current address 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
<input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 44 African	<input type="checkbox"/> 47 Arab
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 45 Caribbean	<input type="checkbox"/> 48 Any Other Ethnic Group
<input type="checkbox"/> 33 Gypsy or Irish Traveller	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 46 Any Other Black/African/Caribbean Background	<input type="checkbox"/> 49 Not Provided
<input type="checkbox"/> 34 Any Other White Background	<input type="checkbox"/> 38 Any Other Mixed/Multiple Ethnic Background		

### 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 Visual 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 \_\_\_\_\_

### Section 3: Education and Training

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

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: Your choice of course

Course Code	Course Title	Course Campus

Start date

Point of entry

### Section 5: How are you paying for your course fees?

Please tick the box below that best describes payment:

Student Loan

Employer

Self-Funding

### Section 6: 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.

I have a criminal conviction and need to make a disclosure and have attached the information in a separate envelope  Y  N

If you have attached an envelope with disclosures it will be given 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 7: Signature

Signature of applicant:

Date signed

### 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: News/new courses/learning opportunities  Surveys/research

### ONCE YOU HAVE FINISHED YOUR APPLICATION FORM AND ATTACHED YOUR PERSONAL STATEMENT, PLEASE RETURN TO:

TO STUDY AN EASTBOURNE OR LEWES COURSE:  
HE Admissions Team  
East Sussex College Group, Cross Levels Way,  
Eastbourne, BN21 2UF

TO STUDY A HASTINGS COURSE:  
HE Admissions Team  
University Centre Hastings, Station Plaza,  
Station Approach, Hastings, TN34 1BA

OR EMAIL US:  
[helloHE@escg.ac.uk](mailto:helloHE@escg.ac.uk)



