UNIVERSITY COURSES Application Form 2024-25



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: Perso	onal Details (Ple	ease provide your Legally Registered	I names)													
Title (e.g Ms/Mrs/Miss/Mr/Dr):		First name(s)														
Surname (Family nar	me):															
Preferred name:																
Gender:																
Date of Birth:		M	ale Female Age	e on 31 August 2022												
Current Address:																
			Postcode:													
Telephone:	Home:		Mobile:													
Email																
Section 1.1: Na	tionality (Please	e place a cross in the relevant boxes	5)													
Nationality:		Have	you been legally resident in the UK since	31st December 2020?												
Do you have the righ	it to study and work	in the UK? e.g. Permission to remain throug	h the EU Settlement Scheme or Student Vi	sa? Y N												
Date of entry to the	UK:															
What country and ar	rea do you normally	live, if different to your current address in	Section 1?													
Country of Birth:																
Section 1.2: Etl	hnicity (How wo	ould you best describe yourself?)														
WHITE		MIXED / MULTIPLE ETHNIC GROUP	BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH	OTHER ETHNIC GROUP												
	lsh / Scottish /	White and Black Caribbean	African	Arab												
Irish	II7 DIIUSII	White and Black African	Caribbean	Any Other Ethnic Group												
Gypsy or Irisł	n Traveller	White and Asian	Not Provided													
	/hite Background	Any Other Mixed/Multiple	Caribbean Background													
		Ethnic Background		1												
Section 1.2: Cri	minal Convictio	ons														
ESCG is keen to supp depending on the cir		riminal convictions to help them succeed. offence.	Having a criminal record will not necess	arily prevent you taking up a place,												
Do you have an uns	pent criminal conv	viction? Y N														
involving work with	children or vulnerabl	ng, health, social work, childcare or e adults, previous criminal convictions may nents and possibly achieve your course.		e please seek advice from our seek advice from Citizens Advice Bureau ling Team or NACRO www.nacro.org.uk												
Do you have a spen	t criminal convicti	ion? Y N														
,	no will review your dis	riminal conviction you will receive a letter wit closure. During this time your application/enr disclosure further.		•												
	e Group in relation t	nis section or providing false information m o criminal convictions will only be disclosed														

Section 2: Disabilities and Learning Difficulties											
Do you consider yourself to have a learning difficulty and/or disability and/or health problem?											
Do you think that you may need additional support	whilst attending college?	Ν									
Please tick all that apply, that you wish to record, below. Please supply us with a copy of any relevant documentation.											
04 Visual impairment	11 Severe learning difficulty	93 Other physical disability									
05 Hearing impairment	12 Dyslexia	94 Other specific learning difficulty									
Disability affecting mobility	13 Dyscalculia	95 Other medical condition									
⁰⁷ Profound complex disabilities	14 Autism spectrum disorder	% Other learning difficulty									
08 Social and emotional difficulties	15 Asperger's syndrome	97 Other (please specify)									
09 Mental health difficulty	16 Temporary disability after illness										
10 Moderate learning difficulty	17 Speech, language and communication nee	eds									
From the list above, please state, which is your primar	y/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-Lev		Awarding Body (e.g. Edexcel)	Subject (e.g. Math	s)	Date Completed	Grade (if completed)	Predicted Grade (if not yet completed)	
Name of most re	cent scho	ol or college attended:						
Course studied:								
When did you sta	rt?			When did you finish?				
Did you attend:	Fu	II-time education	Part-time	e education				
Section 4: Ye	our choi	ce of course						
Course Code	Course	Title			Course Co	ampus		
Start date:			Point	t of entry: Y E A R				
Section 5: H	ow are y	you paying for your c	ourse fee	\$?				
Please tick the bo	x below th	at best describes payment	:					
Student Loan		Employer		Self-Funding				
Section 7: Si	gnature							
Signature of ap	plicant:			Data Protection and your personal in Information processed in accordance w collect and process your personal data out our public task of providing educat www.escg.ac.uk/policies	vith the Data under GDPR	Protection Act. Article 6e (Publi	East Sussex Colle c Task) in order fo	ge Group will or us to carry
Date signed:				Please tick the following boxes if you D	0 wish to be	contacted abou	t:	

UNIVERSITY COURSES Personal Statement



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																							

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

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