

UNIVERSITY COURSES

Application Form 2025-26



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):

Preferred name:

Date of Birth (DDMMYYYY) Legal Sex Male Female Age on 31 August 2025

Gender Identity Male Female Trans Male Trans Female Non-Binary Prefer not to say Other

Current Address:

 Postcode:

Telephone: Home: Mobile:

Email

Are you, or have you ever been, in receipt of Free School Meals? Y N

Are you a carer for an adult in receipt of Adult Carer allowance or similar? Y N

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"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Arab
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> Roma, Gypsy or Irish Traveller	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any Other Black / African / Caribbean Background	<input type="checkbox"/> Not Provided
<input type="checkbox"/> Any Other White Background	<input type="checkbox"/> 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? Y N

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.

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

Do you have a spent criminal conviction? Y N

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.

Section 3: 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 condition | <input type="checkbox"/> 96 Other learning difficulty |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 15 Temporary disability after illness | <input type="checkbox"/> 97 Other (please specify) |
| <input type="checkbox"/> 09 Mental health difficulty | <input type="checkbox"/> 16 Speech, language and communication needs | |
| <input type="checkbox"/> 10 Moderate learning difficulty | <input type="checkbox"/> 17 Downs Syndrome | |

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

Section 4: 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 5: Your choice of course

Course Code	Course Title	Course Campus

Start date: Point of entry: Y E A R

Section 6: How are you paying for your course fees?

Please tick the box below that best describes payment:

Student Loan Employer Self-Funding

Section 7: Signature

Signature of applicant:

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

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

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: <input type="text"/>	Unique Learner Number: <input type="text"/>
------------------------	----------------------------------	---

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, Sta-
tion Approach, Hastings, TN34 1BA

OR EMAIL US:

helloHE@escg.ac.uk