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:													l	Jniq	ue l	_ear	ner	Nur	nber	:										
Section 1: Personal Details (Pla	ease	e pro	ovid	le yc	bur l	_eg	ally	Reg	gist	ered	d nc	ime	s)																	
Title (e.g Ms/Mrs/Miss/Mr/Dr)]	F	irst	nam	ne(s)) [
Surname (Family name)																														
Date of Birth	D	D	М	Μ	Y	Y	Y	Y]		۰ N	1ale		7	Fe	ema	le [Age	on 3	31 Au	Jgus	st 20	24		
Current Address																										-				
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Telephone: Home																1	J	Mol	oile				Γ]			
Email																														
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Section 1.1: Nationality (Please	e plo	ace	a ci	ross	in t	he	rele	var	nt b	oxe	s)																			
Nationality										Ho	ive y	vou b	been	lego	ally	resi	dent	: in t	:he l	JK si	ince	31s [.]	t De	cem	ber	202	0?	Y		Ν
Do you have the right to study and v e.g. Permission to remain through the EU					ie or	Stuc	lent	Visa	?	Y	Ν					Do	ate c	of er	ntry	to th	ne U	К	D	D	М	М	Y	Y	Y	Y
What country and area do you norm	nally	live,	if d	iffere	ent t	to ye	our	curr	ent	add	ress	in se	ectio	on 1?																
Country of Birth:																														
Section 1.2: Ethnicity (How wo	buld	you	ı be	st d	esci	ribe	yo	urse	elf)																					
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³² Irish		37	ן ו			d Black African 45 Caribbean d Asian 46 Any Other Black/A										/ Af	African/													
Gypsy or Irish TravellerAny Other White Background		38	Ar	ny О [.]	ther	Mix	ed/	Mult	tiple			L		Carib	obe	an B	ack	grou	ind	17										
Any other white background			Ét	hnic	Bac	kgr	ound	b																						
Section 2: Disabilities and Learning Difficulties																														
Do you consider yourself to have a le	arni	ng d	iffic	ulty	and	/or a	disal	oility	y an	d/or	hec	alth p	orob	lemí	? [Y	N													
Do you think that you may need add		-									_		Ν																	
Please tick all that apply, that you w	vish	to re	cor	d, be	elow.	. Ple	ase	sup	ply	us w	vith o	a col	py o	fan	y rel	eva	nt d	ocu	men	tati	on.									
04 Visual impairment						11	Se	vere	e lea	ırnin	g dit	fficul	lty						9	3 C	the	r ph	ysico	al di	sabil	lity				
⁰⁵ Hearing impairment						12	Dy	slex	kia										9	4 C	Othe	r spe	ecifi	c lea	Irnin	g di	fficu	lty		
Disability affecting mobility						13			lculi										9					al co						
07 Profound complex disabilities						14			-			disor	rder											ng di						
Social and emotional difficultie Mantal health difficulty	S					15			-	s syr				Ш.,	_				9	7 C	Uthe	r (p	leas	e spe	ecify	()				
 Mental health difficulty Moderate learning difficulty 						16						ty af and				tion	ner	he												
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From the list above, please state, which is your primary/most significant learning difficulty/disability

Section 3: Education and Training

Please list all the	e relevant qualifications y	ou will have or will be taking	before the start of the course. Con	tinue on a sep	arate 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 re	cent school or college atte	ended				
Course studied						
When did you sta	rt? DDMMY	YYYY Wher	n did you finish?	YYY		
Did you attend:	Full-time education	Part-1	time education			
Section 4: Your	choice of course					
Course Code	Course Title			Cour	se Campus	
					ic cumpus	
Start date	DMMYYYY	Point of entry	Y E A R			
Section 5: How	/ are you paying for you	ir course fees?				
Please tick the b	oox below that best descri	bes payment:				
	Student Loan	Er Er	nployer	Self-Funding		
Section 6: Safe	eguarding Children, You	ing People and Vulnerable	e Adults			
			cceed. For some careers you will need to essarily stop you being offered a place			
l have a crimina	al conviction and need to	make a disclosure and have	attached the information in a sepa	rate envelope	YN]
ask you to come		ss. Please note: failing to comp	ead of Safeguarding who will make cor olete this section or providing misleadir			_
Section 7: Sign	ature					
Signature of a	oplicant:					
	spileart.					
			De	ate signed	DMM	YYYY
Data Protection	and your personal inform	ation (how we use your perso	onal information)			
Information proce	essed in accordance with th Public Task) in order for us	ne Data Protection Act. East S	Sussex College Group will collect and p f providing education and training. Th			
Please tick the fo	ollowing boxes if you DO v	vish to be contacted about:	News/new courses/learning opport	tunities	Surveys/resec	arch
ONCE YOU H	AVE FINISHED YOUR	APPLICATION FORM ANI	O ATTACHED YOUR PERSONAL	STATEMENT	, PLEASE RE	TURN TO:
TO STUD	Y AN EASTBOURNE OR L	EWES COURSE:	TO STUDY A HASTINGS COURSE:		OR EMAIL	US:
	HE Admissions Tear	n	HE Admissions Team		helloHE@escg	.ac.uk

East Sussex College Group, Cross Levels Way, Eastbourne, BN21 2UF HE Admissions Team University Centre Hastings, Station Plaza, Station Approach, Hastings, TN34 1BA

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:		ĺ					Unique Learner Number:					

Section 1	•	Personal	Statement
Section	٠	reisonui	Stutement

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