Application Form 2025-26





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.

omec osc omy		ornque Learner Marrise	
Section 1: Personal Details (Pleas	se provide your Legally Registere	d names)	
Title (e.g Ms/Mrs/Miss/Mr/Dr):			
Firstname(s):			
Surname (Family name):			
Preferred name:			
Date of Birth:	Age on 31 August 2025:		
Legal Sex: Male Female Ge	nder 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 rece	eipt of Free School Meals? Yes	No	
Are you a carer for an adult in receipt	of Adult Carer allowance or similar?	Yes No	
Section 1.1: Nationality (Please p	place a cross in the relevant boxe	s)	
Nationality:			
Have you been legally resident in the U	JK since 31st December 2020? Yes	s No	
, , ,	rk in the UK (e.g. Permission to remain	through the EU Settlement Scheme	or Student Visa)? Yes No
Date of entry to the UK:			
What country and area do you normal	ly live, if different to your current addre	ess in Section 1?	
Country of Birth:			
	d b d		
Section 1.2: Ethnicity (How would White	Mixed / Multiple Ethnic Group	Black / African / Caribbean /	Other Ethnic Group
White	Mixed / Multiple Ethnic Group	Black British	Other Ethnic Group
English / Welsh / Scottish / Northern Irish / British	White and Black Caribbean	African	Arab
lrish	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		icceed. Having a criminal record wil	I not necessarily prevent you taking up a

Do you have an unspent criminal conviction? Nο Yes

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.

Application Form 2025-26



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)

Level 1 (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):

Application Form 2025-26





Please provide details of any current employment or work experience Name of employer: Job title: Start date: End date: Section 6: Your choice of course Course Code Course Title Course Campus Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Enabladdress: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Confirm you have completed the Personal Statement on the last pages Date Protection and your personal information (how we use your personal information)	Section 5: Employment							
Job title: Start date: End date: Section 6: Your choice of course Course Code Course Title Course Compus Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Confirm you have completed the Personal Statement on the last pages	Please provide details of any current employment or work experience							
Section 6: Your choice of course Course Code Course Title Course Campus Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Name of employer:							
Section 6: Your choice of course Course Code Course Title Course Compus Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Job title:							
Course Code Course Title Course Campus Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Start date:	End c	late:					
Start date: Point of Entry: Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Section 6: Your cl	hoice of course						
Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Course Code	Course Title					Course Campus	
Section 7: How are you paying for your course fees? Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages								
Please tick the box below that best describes payment: Student Loan Employer Self-Funding Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Start date:	Point	of Entry:			l		
Section 8: Reference Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Confirm you have completed the Personal Statement on the last pages	Section 7: How a	re you paying for your cours	se fees?					
Please provide details of a nominated person who we can contact to obtain a reference Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Please tick the box b	pelow that best describes payme	nt: Student Loan	Employer	Self-Fund	ding		
Name: Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Section 8: Refere	ence						
Email address: Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed:	Please provide deta	ils of a nominated person who v	ve can contact to obtair	n a reference				
Telephone number: Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Name:							
Relationship to you (i.e. tutor, employer): Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Email address:							
Section 9: Signature Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Telephone number:							
Signature of applicant: Date signed: Confirm you have completed the Personal Statement on the last pages	Relationship to you (i.e. tutor, employer):							
Date signed: Confirm you have completed the Personal Statement on the last pages	Section 9: Signat	:ure						
Confirm you have completed the Personal Statement on the last pages	Signature of applic	ant:				Date sianed:		
Data Protection and your personal information (how we use your personal information)								
	Data Protection	and your personal informat	ion (how we use you	ır personal inforn	nation)			

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







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 Here wells	C. I . ID				1	T	11 · 1 N 1				
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**.

TO STUDY AN EASTBOURNE OR LEWES COURSE:	TO STUDY A HASTINGS COURSE:	OR EMAIL US:
ONCE YOU HAVE FINISHED YOUR APPLICATI	ON FORM AND ATTACHED YOUR P	ERSONAL STATEMENT, PLEASE RETURN TO: