#### **UNIVERSITY COURSES**







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 Numb	er:			
Section 1: Personal Details (Pleas	e provide your Legally Registered	names)				
Title (e.g Ms/Mrs/Miss/Mr/Dr):						
Firstname(s):						
Surname (Familyname):						
Preferredname:						
Date of Birth:	Age on 31 August 2025:					
	nder Identity: Male Female	Trans Male Trans Female	Non-Binary Prefer not to say Other			
CurrentAddress:						
			Postcode:			
Telephone: Home		Mobile				
Email:						
Are you, or have you ever been, in recei	pt of Free School Meals? Yes	No				
Are you a carer for an adult in receipt o	of Adult Carer allowance or similar?	Yes No				
Section 1.1: Nationality (Please p	lace a cross in the relevant boxes	)				
Nationality:  Have you been legally resident in the U	K since 31st December 2020? Yes	No				
, , , , , , , , , , , , , , , , , , , ,	k in the UK (e.g. Permission to remain t		e or Student Visa)? Yes No			
Date of entry to the UK:						
What country and area do you normall	y live, if different to your current addres	ss in Section 1?				
Country of Birth:						
Section 1.2: Ethnicity (How would	d vou best describe vourself)					
,	Mixed / Multiple Ethnic Group	Black / African / Caribbean /	Other Ethnic Group			
		Black British				
English / Welsh / Scottish / Northern Irish / British			Arab			
Irish	White and Black African	Caribbean	Any Other Ethnic Group			
Gypsy or Irish Traveller	White and Asian	e and Asian  Any Other Black / African / Caribbean Background  Not Provided				
Any Other White Background  Any Other Mixed/ Multiple Ethnic Background						
	Multiple Ethnic background		ı			
Section 2: Criminal Convictions						
ESCG is keen to support students with place, depending on the circumstance		ceed. Having a criminal record w	rill not necessarily prevent you taking up a			
Do you have an unspent criminal conviction? Yes No						
If you are unsure about what to declare please seek advice from our Safeguarding Team or we adults, previous criminal convictions may affect your ability to attend work placements and possibly achieve your course.						
Bureau or the Probation Service, Youth Offending Team or NACRO - www.nacro.org.uk  Only complete this question if applying for a relevant course)  Yes No						

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.

# UNIVERSITY COURSES Application Form 2025-26





Section 3: Disabili	ties and Learning	Difficulties				
Do you consider yours	self to have a learnin	g difficulty, disability, or	medical condition (including s	evere allergies)?	Yes No	
Do you think that you	ı may need additiono	ıl support whilst attendi	ng college? Yes No			
Visual impairme	nt	Severe I	earning difficulty	Other	physical disability	/
Hearing impairm	nent	Dyslexio		Other	specific learning	difficulty
Disability affecti	ng mobility	Dyscalc	ulia	Other	medical condition	n
Profound comple	ex disabilities	Autism	spectrum condition	Other	learning difficulty	′
Social and emoti	ional difficulties	Tempor	ary disability after illness	Other	(please specify)	
Mental health di	fficulty	Speech,	language and communication r	needs		
Moderate learning	ng difficulty	Downs :	Syndrome			
From the list above, p	olease state, which is	your primary/most sign	ificant learning difficulty/disab	ility:		
Section 4: Educati	ion and Training (	please list relevant q	ualifications here)			
Qualifications	Awarding Body	Subject		Date completed	Grade	Predicted Grade
(e.g. GCSE, A-Level)	(e.g. Edexcel)	(e.g. Maths)		Date completed	(if completed)	(if not yet completed)
Name of most recent s	school or college atte	nded:				
Course studied:						
When did you start?	_		When did you finish?			
Did you attend:	ull-time education	Part-time education				
Section 4.1: Highe	st level of qualific	ation achieved to do	ite			
Entry Level (e.g.	Certificates in Adult I	Literacy & Numeracy, Entr	ry Level Functional Skills)			
Level 1 (e.g. Less	s than 5 GCSEs at arac	des A*-C / 9-4. Award/Ce	rtificate/Diploma Level 1, NVQ Le	evel 1. Level 1 Functions	al Skills)	
	_	Level 2 Functional Skills)	, , , , , , , , , , , , , , , , , , , ,	,	,	
		•	, 1 A Level / 2 or 3 AS levels, BTEC	First Diploma, Level 2	NVQ, Level 2 Fun	actional Skills,
Level 1 Functions	•					
	ard/Certificate Level 3					
			evel 3, National Diploma / Diplo		HE)	
	· ·	9	Qualifications (PTLLS), NVQ Level	4)		
Level 5 (e.g. Four	ndation Degree, HND	)				
Level 6 (e.g. Bac	chelor's Degree)					
Level 7+ (e.g. Mo	asters, PGCE, PHD)					
Other Qualificat	ions					
No Previous Qua	llifications					
Section 4.2: Highe	est English & Math	s qualifications achi	eved to date			
		Maths	English			
GCSE (Specify Grade)	:					
Functional Skill (Spec	ify Level):					

### **UNIVERSITY COURSES**







Section 5: Employment							
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:							
Email address:							
Telephonenumber:							
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							
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							
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.

					_			
tion 1: Personal S	tatement							
nis personal state dividual skills, exp ow they align witl	periences, and p	ersonal att	ributes. F	ocus where	possible on any	lication. You coul relevant achiever	d include detail ments and amb	s about your oitions, and
						n to your <b>Applica</b> t	tion Form.	