

Enquiry / Application Form

Please complete and return to: Central Admissions FREEPOST BD681 Craven College, High Street, Skipton, North Yorkshire, BD23 1JY

Complete this form in BLACK INK

Personal Details

Title: Mr. Mrs. Miss. Ms.

Surname:

First Name:

Middle Name(s):

Date of Birth:

Home Address:

Post Code:

Home Telephone:

Mobile:

Email:

Please state your nationality:

Have you been a resident in the UK for more than 3 years?

Please tick: Yes No

N.I. Number:

How you heard about the College / Course:

- | | |
|--|---|
| <input type="checkbox"/> College Prospectus | <input type="checkbox"/> Careers Service |
| <input type="checkbox"/> School Careers Tutor | <input type="checkbox"/> College Taster Day |
| <input type="checkbox"/> College Careers Event | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Newspaper Advert | <input type="checkbox"/> Careers Exhibition |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please specify) |

Study Details

Course Title (if known) or list areas of interest:

If you're currently studying at Craven College, please state the course you are attending:

Current/Most Recent Employment

Employer Name and Address:

Job Title:

Dates:

Supporting Information

For example, your hobbies and interests, relevant experience gained at work, voluntary work, life skills (practical, caring, management). This is your opportunity to tell us a little about yourself. Attach this information as a separate piece of paper.

Continued...

Equal Opportunities Information (this does not in any way affect your application to the college).

Ethnic Origin

- | | |
|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> White & Black Caribbean |
| | <input type="checkbox"/> Other Mixed Background |
| <input type="checkbox"/> Black African | |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other Black Background | |
| | <input type="checkbox"/> Any Other |
| <input type="checkbox"/> Asian Bangladeshi | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Not Known / |
| <input type="checkbox"/> Asian Pakistani | Prefer not to say |
| <input type="checkbox"/> Other Asian Background | |

Disability Support

The College provides learning support for many students with health, physical, sensory or learning disabilities.

Do you consider yourself to have a disability?

Please tick: Yes (please specify) No

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other medical condition |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Emotional / behavioural |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Mental Health difficulty |
| <input type="checkbox"/> Other Physical disability | <input type="checkbox"/> Temporary disability |
| <input type="checkbox"/> Profound / complex | <input type="checkbox"/> Aspergers Syndrome |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other |

Do you consider yourself to have learning difficulties?

Please tick: Yes (please specify) No

- | | |
|---|--|
| <input type="checkbox"/> Moderate Learning Difficulty | <input type="checkbox"/> Other Specific difficulty |
| <input type="checkbox"/> Severe Learning Difficulty | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Multiple Difficulties |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other |

Protection of Personal Data

Personal data we obtain from you whilst you are a student will only be processed for any purposes connected to your studies and your health and safety whilst on the premises or for other legitimate reasons.

Education and Qualifications

Last School or College attended:

Last year of attendance:

Most Recent Qualification Gained/Exams to be taken (attach additional sheets for previous qualifications)

Examining Body:

Level:

Subject:

Year:

Result:

Reference

If you are over 18, Please supply the name and address of a referee (who is not a relative).

Name and Address

Telephone:

Declaration

If offered a place, I agree to conform to college regulations.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY

Acknowledgement card sent

Reference if taken up

Date: