

APPLICATION FORM



You can apply online at www.stokecollege.ac.uk or complete this form.

Send your completed form to: Stoke on Trent College, FREEPOST ST1055, Recruitment Team, Stoke Road, Shelton, Stoke-on-Trent, ST4 2DG.
For more information call **01782 603634** or visit our website www.stokecollege.ac.uk

1. PERSONAL DETAILS

Gender: Male Female

First name: *Please note this should be your legal name*

Preferred name:

Last name: *Please note this should be your legal name*

Address

 Postcode

Email

Home Telephone

Mobile

Date of Birth Age on 31/8/2023

Have you been a resident in the UK for more than 3 years? Yes No

Nationality

Help us to use your correct pronoun He/Him She/Her They/Them Other/Prefer not to say

2. CHOICE OF COURSE / APPRENTICESHIP

Please list the course(s) you want to apply for. If you are interested in more than one course please state your first choice in the top row (1) and list your alternative choices in order of preference below in rows (2) and (3).

	Course Code (if known)	Course / Apprenticeship Title	Career Choice (if known)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternative course choices			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have selected an Apprenticeship, then please indicate if you have secured a work placement relevant to the Apprenticeship you are applying for:

No placement Yes, I have a placement If yes, who is the employer?

Would you like to know more about our Sports Academies? Yes No

Which academy are you interested in?



Stoke City



Hoopskills

3. HEALTH, DISABILITY AND ADDITIONAL LEARNING SUPPORT

We welcome learners with learning difficulties, additional needs or disabilities. Please tell us about your needs so we can support you.

<input type="checkbox"/> 04 Visual impairment	<input type="checkbox"/> 16 Temporary disability after illness (for example post-viral) or accident	Did you have support at school? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 05 Hearing impairment	<input type="checkbox"/> 17 Speech, language and communication needs	
<input type="checkbox"/> 06 Disability affecting mobility	<input type="checkbox"/> 93 Other physical disability	Do you have an Education, Health and Care plan (EHC)? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 07 Profound complex disabilities	<input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia)	
<input type="checkbox"/> 08 Social and emotional difficulties	<input type="checkbox"/> 95 Other medical condition (for example epilepsy, asthma, diabetes)	
<input type="checkbox"/> 09 Mental health difficulty	<input type="checkbox"/> 96 Other learning difficulty	
<input type="checkbox"/> 10 Moderate learning difficulty	<input type="checkbox"/> 97 Other disability	
<input type="checkbox"/> 11 Severe learning difficulty	<input type="checkbox"/> 98 Prefer not to say	
<input type="checkbox"/> 12 Dyslexia	<input type="checkbox"/> None	
<input type="checkbox"/> 13 Dyscalculia		
<input type="checkbox"/> 14 Autism spectrum disorder		
<input type="checkbox"/> 15 Asperger's syndrome		

Please provide any comments regarding additional needs

4. LATEST SCHOOL/COLLEGE ATTENDED

From

To

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Examinations you have taken or are taking and grades achieved

Subject/Exam (e.g. GCSE/A/AS/BTEC/Professional qualification)	Predicted	Actual	Date achieved
English			
Maths			

5. ARE YOU IN, OR LEAVING LOCAL AUTHORITY CARE?

Yes No If Yes, which authority

6. DO YOU HAVE ANY CARING RESPONSIBILITIES?

e.g. for a family member, partner or friend Yes No

7. DO YOU HAVE ANY UNSPENT CONVICTIONS?

excluding fixed penalty driving offences

Yes No If Yes, you must provide further information

8. PRIVACY NOTICE

- I confirm that the information I have provided on this form is correct
- I understand that my information will be used to process my application so that I can enter into a learning agreement (contract) with the college
- I understand that:
 - my contact details will be used to communicate with me about my application and future relationship with the college
 - my designated next of kin will be contacted to confirm their details
 - if I am under 18 when this form is submitted, details of my application may be shared with my school, parent(s) or carer(s) designated as my next of kin
 - details of my application may be shared with my employer if they are proposing to sponsor my study
- I understand that to carry out its public task to deliver education the college will:
 - share my personal data with local authorities and other agencies which may contact me about services relevant to my application and my future attendance at college
 - share my data with processing companies to facilitate payment and other services
 - share my personal data with other agencies (including law enforcement agencies) and funding bodies as required by law
 - discuss health and other information (including special categories information) with professionals and other organisations and agencies to ensure that I can have the support I need to achieve the best outcome from my application
 - unless I give my explicit consent, the college will process my special categories information only when necessary to protect my vital interests (e.g. my life), those of others, or where there is a legal obligation or a substantial public interest in doing so

8. PLEASE TICK WHICH GROUP BEST DESCRIBES YOUR ETHNIC ORIGIN:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- African
- Caribbean
- Any other Black/African/Caribbean background
- Arab
- Any other ethnic group

• If you are under 18 years old the college will share information regarding your attendance, progress and achievement with your parent(s) or carer(s) designated as your next of kin. This includes data presented electronically on the college's portal. If you have reason to discuss the information the college shares with your parent(s) or carer(s) who you have designated as your next of kin, please contact the Data Protection Officer by email dpo@stokecoll.ac.uk

Further information about your rights and how we process your data can be found at www.stokecoll.ac.uk/about-us/legal-information

I agree that the college can contact me about courses or learning opportunities, with surveys and for research purposes by the following channels:

Post Phone Email SMS

Student Signature

Date

If you are under 18 please provide the following details for your Parent(s)/Carer(s)

Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Email <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>
Tel <input style="width: 90%;" type="text"/>	Tel <input style="width: 90%;" type="text"/>