

Application Form



Entry September 2018 - Please use **BLOCK CAPITALS**

Surname		Forename	
Preferred name		Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
			Postcode
Student email			
Home number		Student mobile	
Name of parent/carer		Relationship to student	
Parent/carer mobile		Parent/carer email	
Additional contact (please state name, their relationship to you and phone number):			

Courses

Choose the course you would like to study and enter the details below. Please include the level, qualification and subject, see below for an example. If you are choosing A-Levels, please choose three, **ranking them in order of preference**.

Subject - e.g 'Sport'	Qualification - e.g 'Vocational'	Level - e.g 'Level 3'
1st Choice:		
2nd Choice:		
3rd Choice:		

If you have chosen a Level 2 or 3 course, and are 19 or over, is this your first full Level 2 or 3 qualification? Yes No

Seevic Storm Sports Academies

If you would like to apply for one of the Sports Academies alongside your studies please indicate here:

Basketball Academy Football Academy Netball Academy Rugby Academy

Name of the last school or college you attended

Additional Information

Do you consider yourself to have a learning difficulty, disability or health problem? Yes No If yes, please select from the following:

<input type="checkbox"/> 4. Visual impairment	<input type="checkbox"/> 12. Dyslexia	<input type="checkbox"/> 93. Other physical disability
<input type="checkbox"/> 5. Hearing impairment	<input type="checkbox"/> 13. Dyscalculia	<input type="checkbox"/> 94. Other specific learning difficulty (e.g. Dyspraxia)
<input type="checkbox"/> 6. Disability affecting mobility	<input type="checkbox"/> 14. Autism spectrum disorder	<input type="checkbox"/> 95. Other medical condition (e.g. epilepsy)
<input type="checkbox"/> 7. Profound complex disabilities	<input type="checkbox"/> 15. Asperger syndrome	<input type="checkbox"/> 96. Other learning difficulty
<input type="checkbox"/> 8. Social & emotional difficulties	<input type="checkbox"/> 16. Temporary disability after illness	<input type="checkbox"/> 97. Other disability
<input type="checkbox"/> 9. Mental health difficulties	<input type="checkbox"/> 17. Speech, language & communication needs	<input type="checkbox"/> 98. Prefer not to say
<input type="checkbox"/> 10. Moderate learning difficulty		<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> 11. Severe learning difficulty		

If you have ticked more than one of the boxes above please indicate below your primary disability or difficulty (e.g. the one that affects you most in your education)

Qualifications

Please list any examinations already taken with the grade achieved or for which you are awaiting results. Also list current qualifications you are studying e.g. GCSEs, A-Levels, BTECs etc. You will be asked to show certificates of completed qualifications at interview/enrolment.

Please complete on a separate piece of paper if necessary.

Subject	Level/Type	Grade/Predicted Grade

Equal Opportunities

Seevic College is committed to a policy of equal opportunities and seeks to ensure every single person is treated fairly.

White <input type="checkbox"/> 31. English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> 32. Irish <input type="checkbox"/> 33. Gypsy or Irish Traveller <input type="checkbox"/> 34. Any other white background	Mixed/Multiple ethnic group <input type="checkbox"/> 35. White and Black Caribbean <input type="checkbox"/> 36. White and Black African <input type="checkbox"/> 37. White and Asian <input type="checkbox"/> 38. Any other mixed/multiple ethnic background	Asian/Asian British <input type="checkbox"/> 39. Indian <input type="checkbox"/> 40. Pakistani <input type="checkbox"/> 41. Bangladeshi <input type="checkbox"/> 42. Chinese <input type="checkbox"/> 43. Any other Asian background	Black/African/Caribbean/Black British <input type="checkbox"/> 44. African <input type="checkbox"/> 45. Caribbean <input type="checkbox"/> 46. Any other Black/African/Caribbean background	Other ethnic group <input type="checkbox"/> 47. Arab <input type="checkbox"/> 98. Any other ethnic group
What is your nationality?	What is your religion?	<input type="checkbox"/> I prefer not to say		
What is your first language?				

Residency

Have you been legally resident in the UK/European Union for the last three years? Yes No

If No, please complete the following:

Country resident in:

Date from:

Date to:

Criminal Convictions

Do you have a criminal conviction, formal conviction, reprimand or final warning from the Police? Yes No

If yes, a Wellbeing Advisor will discuss this with you in confidence.

Keeping in Touch

The college would like to email you, or your parent/carer, to let you know about information or events that may be of interest to you. If you would like to receive this information, please tick the box

I certify that the information I have given on this form is correct and I give my consent to the processing and sharing of this information for all purposes relating to my application.*

Student's Signature	Parent's/Carer's Signature	Date

Once completed, please return your application form to: **Admissions, Seevic College, Runnymede Chase, Benfleet, Essex SS7 1TW**

*Data on your proposed course will be held on computer and used to analyse applications and support curriculum planning.