

Application Form

(for all applicants other than Tier 4)



College use only:

L Ref:

ULN (unique learner number)

Please complete **ALL sections on pages 1-4 (Declaration on page 4 ONLY)** in **BLACK** ink. If you need help with completing this form, please call our Information & Advice Centre on **020 7723 8826** or drop in to our Paddington Green Campus, Paddington Green, London, W2 1NB for course advice between 9.30am-4.30pm Monday, Thursday and Friday, 11am-6:30pm Tuesday and Wednesday.

Course(s) you are applying for *in order of preference*

	Course Code	Course Title	Please indicate what year you are applying for:		Day	Evening	Part-time	Full-time
			12/13	13/14				
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: if you are applying for an HE course you may need to apply via UCAS (please see our website for information)

Personal Details (Please complete this section in CAPITALS)

Family Name: First Name(s):

Title: Mr Ms Miss Mrs Date of Birth: Age on the 31st August 2012:

Present Address: Postcode:

Home Tel:

Borough: Mobile No:

E-Mail:

Current or last school/college attended in the UK:

Nationality:

The College is able to provide some students with financial support. Your answer to the following questions will help us assess the level of support available to you.

Are you in care or a care leaver? (e.g. Foster Care/Supported Accommodation) Yes No

Do you live independently? Yes No

Did you receive free school meals in your last year at school? Yes No

Ethnic Origin

The information you provide below will be used for monitoring the effectiveness of our Equal Opportunities policy. Please **tick** which box applies to you.

<p>White</p> <p>31 <input type="checkbox"/> English, Welsh, Scottish, Northern Irish, British</p> <p>32 <input type="checkbox"/> Irish 33 <input type="checkbox"/> Gypsy/Irish Traveller</p> <p>34 <input type="checkbox"/> Any other White background</p>	<p>Asian or Asian British</p> <p>39 <input type="checkbox"/> Indian 40 <input type="checkbox"/> Pakistani</p> <p>41 <input type="checkbox"/> Bangladeshi 42 <input type="checkbox"/> Chinese</p> <p>43 <input type="checkbox"/> Any other Asian background</p>	<p>Black/African/Caribbean/Black British</p> <p>44 <input type="checkbox"/> African 45 <input type="checkbox"/> Caribbean</p> <p>46 <input type="checkbox"/> Any other Black/African/Caribbean backgrounds</p>
<p>Mixed/Multiple ethnic groups</p> <p>35 <input type="checkbox"/> White & Black Caribbean 36 <input type="checkbox"/> White & Black African</p> <p>37 <input type="checkbox"/> White & Asian 38 <input type="checkbox"/> Any other mixed/multiple ethnic backgrounds</p>	<p>Other ethnic groups</p> <p>47 <input type="checkbox"/> Arab 98 <input type="checkbox"/> Any other ethnic backgrounds</p>	

Additional Learning Support

City of Westminster College welcomes people with disabilities, including those with learning difficulties or mental health needs. We are committed to ensuring that people with disabilities are treated fairly. If you have a disability, please ensure our staff know what your needs are so we can make all reasonable adjustments to help you succeed.

Any information you provide will be treated in confidence.

Do you consider yourself to be disabled? [L15] Yes No (98) If yes, tick the box below that applies to you.

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Hearing Impairment | <input type="checkbox"/> 06 Emotional/Behavioural | <input type="checkbox"/> 90 Multiple Disabilities |
| <input type="checkbox"/> 02 Visual Impairment | <input type="checkbox"/> 07 Mental Ill Health | <input type="checkbox"/> 97 Other <input type="text" value="Please Specify"/> |
| <input type="checkbox"/> 03 Mobility/Wheelchair User | <input type="checkbox"/> 08 Temporary Impairment | <input type="checkbox"/> 99 Do not wish to disclose |
| <input type="checkbox"/> 04 Other Physical Disability | <input type="checkbox"/> 09 Profound/Complex condition | |
| <input type="checkbox"/> 05 Other Medical condition
<small>e.g. Epilepsy, Sickle Cell, Diabetes, HIV</small> | <input type="checkbox"/> 10 Asperger's Syndrome | |

Do you consider that you have a learning difficulty? [L16] Yes No (98) If yes, tick the box below that applies to you.

- | | | |
|--|---|---|
| <input type="checkbox"/> 01 Moderate Learning Difficulty | <input type="checkbox"/> 19 Other Specific Learning Difficulty | <input type="checkbox"/> 99 Do not wish to disclose |
| <input type="checkbox"/> 02 Severe Learning Difficulty | <input type="checkbox"/> 20 Autism | |
| <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 90 Multiple Learning Difficulties | |
| <input type="checkbox"/> 11 Dyscalculia | <input type="checkbox"/> 97 Other e.g. ADD/ADHD <input type="text" value="Please Specify"/> | |

Do you require any special arrangements for your interview? Yes No

If so, what are these arrangements? _____

If you would like a confidential interview with a member of the Disability Support Team, please tick this box and we will contact you to arrange this.

Qualifications and Results

Please add details of any qualifications already obtained. If your results are still pending, please write the grades predicted by your school.

Please tick:

Subject	Qualification & Level	Year	Grade	Actual Result	Mock Exam /Predicted Grade	For College use ONLY (checked)
Example: English	GCSE	2011	C	✓		

If you obtained your qualifications outside the UK, please state which country _____

References

When attending an interview and/or enrolment, you will need to bring a reference, your exam slips, portfolio and certificates showing your actual grade or results.

If you are aged 16-18 your reference **must** be from the last school or college you attended. Please complete the relevant contact details below:

School/College Name: _____

Address: _____

Contact Name: _____ Email: _____ Tel: _____

Note: All references sent prior to your interview should be posted to the: Administration Office, City of Westminster College, Paddington Green Campus, Paddington Green, London W2 1NB

Work Experience

Please list any full or part-time work (paid or unpaid) you have undertaken, starting with the most recent. Please use a separate sheet if necessary.

Dates From - To	Your Job Title/Position	Name of Employer	FT/PT

Marketing Information

In order to monitor our publicity, please tick all relevant boxes to show how you heard about City of Westminster College

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Flyer/Postcard | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Learn Direct | <input type="checkbox"/> Social Network Site |
| <input type="checkbox"/> College Magazine | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Newspaper Advert | <input type="checkbox"/> Employer/Work | <input type="checkbox"/> Next Step/Skills Accounts |
| <input type="checkbox"/> College Website | <input type="checkbox"/> Course Guide | <input type="checkbox"/> Floodlight | <input type="checkbox"/> JobCentre | <input type="checkbox"/> Internet Advert |
| <input type="checkbox"/> Connexions | <input type="checkbox"/> Radio | <input type="checkbox"/> Hotcourses | <input type="checkbox"/> Library | <input type="checkbox"/> SMS/ Text Message |
| <input type="checkbox"/> Bus/Tube | <input type="checkbox"/> Careers Fair/Event | <input type="checkbox"/> School | <input type="checkbox"/> Other <i>please specify</i> _____ | |

Please tell us why you have chosen to study at City of Westminster College.

- | | | |
|---|---|--|
| <input type="checkbox"/> Convenient location/close to home | <input type="checkbox"/> I have studied here before | <input type="checkbox"/> Other <i>please specify</i> _____ |
| <input type="checkbox"/> Recommended (by a friend, relative, etc) | <input type="checkbox"/> Good reputation | |

For marketing purposes only, please let us know if you are applying to other colleges? This will not affect an offer of a place. Yes No

If Yes, how many colleges are you applying to? _____

Is City of Westminster College your **1st** **2nd** **3rd** **4th** **5th** choice of college? *circle as appropriate*

Personal Statement

It is important that you write clearly in this section and check your punctuation and spelling.

Please give reasons for your choice of course(s): Please use a separate sheet if necessary.

What are your career plans and goals?

Criminal Convictions

City of Westminster College welcomes applications from ex-offenders and considers them on their merits. However, you are required to tell us about any convictions that are not spent under the Rehabilitation of Offenders Act (1974).

For some courses you may need to complete a Criminal Records Bureau check. To discuss in confidence how a criminal record could affect your choice(s), please tick here

Do you have any unspent criminal conviction? Yes No

Declaration

"I certify that the information I have given on this form is correct and I give my consent to the processing of this information for all purposes relating to my application including information on Open Days, interviews and assessment dates and enrolment. I understand that full details of that process and my rights in this respect are set out in the College's Data Protection Policy which is accessible at www.cwc.ac.uk"

Signature _____ Date _____

Thank you for completing this application form. Please check that you have fully completed all sections.

Please place it in an envelope and post it to the address below. No stamp needed (UK only). Alternatively, you can call in and leave this form at our Information & Advice Centre, between 9.30am-4.30pm Monday, Thursday and Friday and 11am-6:30pm Tuesday and Wednesday.

CITY OF WESTMINSTER COLLEGE, FREEPOST LON3154, LONDON W2 1BR

If posted from outside the UK, please post to: **Information & Advice Centre,
City of Westminster College, Paddington Green Campus, Paddington Green, London, W2 1NB**

FOR COLLEGE USE ONLY - DO NOT COMPLETE THIS SECTION

Applicant's Name

Age band: 14-15 16-18

L Ref:

19-23 24+

CUSTOMER SERVICES - LOGGING, SCREENING, TRACKING AND FORWARDING

	Date	Initials
Received	_____	_____
Screened	_____	_____
Logged	_____	_____

Faculties form sent to:

ABHL BDU CS STEM

Copy to Disability Support

ADMINISTRATION

Date form received _____ Initials _____ Date form logged on UNIT-e _____ Initials _____

INITIAL ASSESSMENT OUTCOME

Writing	<input type="checkbox"/> Pre Entry	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1	<input type="checkbox"/> L2
Reading	<input type="checkbox"/> Pre Entry	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1	<input type="checkbox"/> L2
Numeracy	<input type="checkbox"/> Pre Entry	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> L1	<input type="checkbox"/> L2

Date taken: _____

FACULTY TUTOR - INTERVIEW OUTCOME

Interviewed by: Please write full name _____

Did the applicant attend the interview? Yes No

1st Interview Date: _____

2nd Interview Date: _____

If Yes, please complete one of the options below:

Place offered

Type of Offer: Unconditional Conditional Alternative No offer

Course title _____ Level _____

List of conditions if the offer is conditional or reasons for non-acceptance.

Referral

Internal referral External referral Date of referral: _____

Referred to: ABHL BDU CS STEM Externally: _____