

Application checklist

- Application form, fully completed Copies of school exam results are enclosed (not needed if you are applying for an English Language course)
- Copies of English Language exam results are enclosed (needed for all courses) Other qualifications are enclosed (if relevant)
- Copy of passport/other immigration documents are enclosed (if you are in the UK)

Parent/guardian consent (if under 18)

I confirm that the information supplied on this form is accurate and agree to this application being considered by the College.

Name of Parent/Guardian

Signature _____ Date signed:

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 signed:

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 11am-6:30pm Tuesday and Wednesday and 9.30am-4.30pm Monday, Thursday and Friday.

CITY OF WESTMINSTER COLLEGE If posted from outside the UK, please post to: **Information & Advice Centre,**
FREEPOST LON3154 **City of Westminster College, Paddington Green Campus, Paddington Green, London, W2 1NB**
LONDON W2 1BR

FOR COLLEGE USE ONLY - DO NOT COMPLETE THIS SECTION

Applicant's Name Age band: 16-17 18+
L Ref:

CUSTOMER SERVICES - LOGGING, SCREENING, TRACKING AND FORWARDING

	Date	Initials	Faculties form sent to:
Received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ABHL <input type="checkbox"/> BDU <input type="checkbox"/> CS <input type="checkbox"/> STEM
Screened	<input type="text"/>	<input type="text"/>	
Logged	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 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	Date taken: <input type="text"/>
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	

Interviewed by: (Please write full name) _____

Did the applicant attend the interview? Yes No Interview Date:

If Yes, please complete one of the three options below:

Place offered

Type of Offer: Unconditional Conditional Alternative
Course title _____ Level _____

International Students

Application Form

**CITY OF
WESTMINSTER
COLLEGE**

SECTION 1 - Personal Details

Title Mr Mrs Miss Ms Other Date of birth Age Male Female

Family name/Surname

First name(s)

Home Address

Email

Tel Number(s) Home Mobile

UK Address

 Post Code

Country of birth

Nationality

Country of normal residence

Date of entry into the UK For applicants living in the EEA but not born there - when did you enter the EEA?

If you are already living in the UK - please answer the following questions

What have you been doing since your arrival into the UK?

What kind of permission do you have to stay in the UK?

- Student Visa Visitor Visa Au Pair Visa Work Permit
- Other

Visa Expiry date

Please provide a copy of passport/other immigration documents with application.

Please tick which applies to you

- I am applying on my own
 - I am applying through an educational representative*
- * if you ticked the box above please complete the information below.

Name of representative

Address and contact number of representative

Email address

SECTION 2 – Ethnic Origin

As a College that promotes equality and diversity we wish to monitor learners ethnic origins. Please **tick** the box that best describes your ethnic group or background.

White

31 English, Welsh, Scottish, Northern Irish, British

32 Irish 33 Gypsy/Irish Traveller

34 Any other White background

Asian or Asian British

39 Indian 40 Pakistani

41 Bangladeshi 42 Chinese

43 Any other Asian background

Black/African/Caribbean/Black British

44 African 45 Caribbean

46 Any other Black/African/Caribbean backgrounds

Mixed/Multiple ethnic groups

35 White & Black Caribbean 36 White & Black African

37 White & Asian 38 Any other mixed/multiple ethnic backgrounds

Other ethnic groups

47 Arab 98 Any other ethnic backgrounds

Marketing Information

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

Friend/Relative Flyer/Postcard Newspaper Article Learn Direct Social Network Site

College Magazine Internet Search Newspaper Advert Employer/Work Skills Accounts

College Website Course Guide Floodlight JobCentre

Connexions Radio Hotcourses Library

Bus/Tube Careers Fair/Event School Other *please specify* _____

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

I have studied here before Good reputation Other *please specify* _____

Recommended (by a friend, relative, etc) Course offer

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*

SECTION 3 – Course Details

	UCAS Course Code	Course Code	Course Title	
1 st choice	_____	_____	_____	<input type="checkbox"/> Day
2 nd choice	_____	_____	_____	<input type="checkbox"/> Evening
3 rd choice	_____	_____	_____	<input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time

SECTION 4 – Your Education

Please add details of your qualifications and results below.

Please tick:

Subject	Qualification & Level	Year	Grade	For College use only (checked)
Example: English	Baccalaureate	2006	75	<input checked="" type="checkbox"/>

To help us find the right course for you, please tell us about your education. Please give the names of the exams in YOUR country and NOT what you think they are equal to in the UK. **Please provide photocopies of your certificates (not required if you are only applying for an English Language course).**

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

To help us understand how easily you are able to communicate in English, please answer all the statements that apply to you:

My first language is _____ My school subjects were taught in English

I've been learning English for _____ years I have used English at work

I have been to an English speaking country before I have taken International Language exams (complete the table below)

Name of Exam (IELTS, TOEFL, Cambridge GCSE/CAE/CPE)	Year	Result	For College use only (checked)
Example: IELTS	2007	6.5	<input checked="" type="checkbox"/>

Please provide photocopies fo your certificates (required for applications to ALL courses)

SECTION 5 – Special Support/ assistance

City of Westminster College welcomes and supports students with disabilities and learning difficulties. It is helpful to know about your disability or learning difficulty in advance so that we can discuss the support that you may need at College.

Any information you provide will be treated in confidence.

Do you have a disability, learning difficulty or medical condition? Yes No

If yes, please tick the boxes which are applicable to you:

Dyslexia Mobility Difficulties/Wheelchair User Asperger's Syndrome

Dyspraxia/Dyscalculia Mental Health Difficulties Autistic Spectrum Difficulties

Hearing Impairment Medical Condition Moderate Learning Difficulties

Visual Impairment Sickle Cell Anaemia Severe Learning Difficulties

Other (please specify) _____

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.

Criminal Convictions

Do you have any criminal convictions? Yes No

If yes, please attach details about your offence and conviction, including dates and the name of the court you were convicted at. For Teaching, Health & Social Care and Early years courses any conviction, including spent sentences and cautions, must be declared. For further guidance please contact the Administration Office.

SECTION 6 – Personal Statement

Please say why have you chose this course and how it fits in with your future plans and give details of relevant employment or work experience. (Continue on a separate sheet if necessary)