



Application Form



Please complete in **BLOCK CAPITALS** with **BLACK PEN**

OFFICE USE
Student ID No:

1. About yourself

Family name: First names:

Male Female Mr Mrs Miss Ms Other:

Your home address:

..... Postcode:

Home phone number: Mobile:

E-mail: Age: Date of birth:

2. Are you eligible for an Apprenticeship? (please tick)

I live in the UK full-time I am currently employed or am seeking employment in the relevant industry

I confirm that I do not already have a Level 4 or above qualification (HND or above)

You are only eligible if you have ticked all the boxes above. If you are unable to tick all boxes please refer to our website at reading-college.ac.uk or contact Student Information Services on **0800 371 434** to find out about other more suitable courses

3. Your course choice

I would like to apply for (please tick): An Apprenticeship An Advanced Apprenticeship Not sure

Please let us know the occupation area you are interested in:

(eg Hairdressing, Motor Vehicle Repair)

4. Your previous education

If you have a 10 digit Unique Learner Number (ULN) please write it here:

Name and address of secondary schools/colleges attended				Dates attended			

Qualifications: Please list those already achieved and those for which you are currently studying

Level (eg GCSE)	Subject	Year	Result predicted	Result actual	Level (eg GCSE)	Subject	Year	Result predicted	Result actual

5. Your experience of work Please give brief details of full/part-time employment or work experience

6. Your future

In the space below, please outline your reasons for wanting to attend the course and your future hopes and ambitions

7. Extra support for you

LEARNING DIFFICULTIES AND DISABILITY

Reading welcomes students with disabilities. Please tick the box which describes your disability/difficulty. Information will be used to identify your support needs and will be kept confidentially. If you have any support needs you wish to disclose privately, please email Reading.DisabilityTeam@reading-college.ac.uk or call 0118 967 5436.

- | | | |
|---|---|--|
| 2/98 <input type="checkbox"/> No disability/difficulty | 03 <input type="checkbox"/> Disability affecting mobility | 20 <input type="checkbox"/> Autistic Spectrum Disorder |
| 01 <input type="checkbox"/> Visual impairment | 00 <input type="checkbox"/> Personal care support | 10a <input type="checkbox"/> Dyslexia |
| 02 <input type="checkbox"/> Hearing impairment | 07 <input type="checkbox"/> Mental health condition | 11 <input type="checkbox"/> Dyscalculia |
| 10b <input type="checkbox"/> Aspergers Syndrome | | |
| 05 <input type="checkbox"/> Other medical condition, eg epilepsy, asthma. Please specify | | |
| 04 <input type="checkbox"/> A disability or special need not listed above. Please specify | | |

8. Extra information about yourself

Please state your nationality

.....

Which country do you normally live in?

.....

Are you a permanent resident in the UK or other EU country?

Yes How many years resident?

No Date of entry into the UK?

Are there any restrictions on the length of your stay in the UK? Yes No

ETHNICITY

- | | | |
|--|--|---|
| A <input type="checkbox"/> Asian or Asian British – Bangladeshi | G <input type="checkbox"/> Black or Black British – other Black background | M <input type="checkbox"/> White – British |
| B <input type="checkbox"/> Asian or Asian British – Indian | H <input type="checkbox"/> Chinese | P <input type="checkbox"/> White – other White background |
| C <input type="checkbox"/> Asian or Asian British – Pakistani | I <input type="checkbox"/> Mixed – White & Asian | Q <input type="checkbox"/> Irish Traveller |
| D <input type="checkbox"/> Asian or Asian British – other Asian background | J <input type="checkbox"/> Mixed – White & Black – African | R <input type="checkbox"/> Any other |
| E <input type="checkbox"/> Black or Black British – African | K <input type="checkbox"/> Mixed – White & Black – Caribbean | S <input type="checkbox"/> Information refused |
| F <input type="checkbox"/> Black or Black British – Caribbean | L <input type="checkbox"/> Mixed – other Mixed background | |

CRIMINAL CONVICTIONS This part of the form MUST be completed (Please refer to the notes below)

Do you have any criminal convictions? Yes No

9. How did you hear about Apprenticeships at Reading College?

Careers Fair <input type="checkbox"/>	Website <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Where?
Careers or Connexions Officer <input type="checkbox"/>	Teacher <input type="checkbox"/>	Banner <input type="checkbox"/>	Specify
Family/Friend <input type="checkbox"/>	Employer <input type="checkbox"/>	Other <input type="checkbox"/>

10. Signature

By signing this form you also give permission for us to take up references as appropriate, which may include your school or employer.

Signature of parent or guardian (if applicant is under 18):

Signature of applicant: Date of application:

After completing and signing this form please return to:

Admissions, Reading College, Kings Road, Reading RG1 4HJ

Data Protection

Information given on this form is personal data and is therefore subject to the Data Protection Act 1998. Information you provide on this form may be passed to relevant educational agencies and Connexions, which are registered under the Data Protection Act 1998. Further information about data confidentiality is available upon request from our Student Services Centres.

The College or Connexions may contact you to provide details and advice on further study and career opportunities. If you do not wish to receive such information please tick this box:

Criminal Convictions

If you do not tick either the 'Yes' or 'No' box above, we will contact you to get this information and this will delay your enrolment. You must tick yes if you have a conviction **unless** it is a motoring offence that you received a fine or three penalty points for **OR** a spent sentence (as defined by the Rehabilitation of Offenders Act 1974). Please be aware that for certain courses, particularly in teaching, health, and social care you must tell us about **ANY** criminal conviction(s), including spent sentences and cautions. If you are serving a prison sentence you must tick the 'Yes' box. If you are convicted of a criminal offence, after you have enrolled, you **MUST** let us know immediately. If you are not sure whether to tell us about a previous conviction you should get more advice from your Citizen's Advice Bureau or contact Student Information Services on 0800 371 434 or enquiries@reading-college.ac.uk