



Stratford College London

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Please attach
2 recent
photographs

APPLICATION FORM

(Please ensure all details are fully completed)

1 About You

Title (Mr/Miss/Mrs/Ms): _____ Family Name: _____

Other Name(s): _____

Date of Birth: ____/____/____

Gender: Male Female

Nationality: _____ Place of Birth: _____ Country of Birth: _____

Passport Number: _____

Tel/Mobile No: _____

2 Address:

Email: _____

Course applied for: _____

3 Educational Qualifications

From	To	Institution & Location	Subjects & Grades	Level (e.g. GCSE/GCE, Diploma/Degree)

Please list results, and attach photocopies of your certificates or official transcripts of your studies, detailing subjects studied and grades achieved together with a translation into English (if appropriate).

4 Language Skills: What is your first language (mother tongue)? _____

What is your level of English? _____ Awarding Body: _____

Emergency Contacts

Name 1		Name 2	
Mobile #		Mobile #	
Email		Email	
Relationship		Relationship	
Address		Address	

Term Address if different from above:

	Post Code:	
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SECTION 5 – ETHNIC

White

- English / Welsh / Scottish / Northern Irish / British (31)
- Irish (32)
- Gypsy or Irish Traveller (33)
- Any other white background

Mixed / Multiple Ethnic Group

- White and Black Caribbean (35)
- White and Black African (36)
- White and Asian (37)
- Any other Mixed / Multiple ethnic background (38)

Asian

- Indian (39)
- Pakistani (40)
- Bangladesh (41)
- Chinese (42)
- Any other Asian background (43)

Black / African / Caribbean / Black

- African (44)
- Caribbean (45)
- Any other Black / African / Caribbean / Background (46)

Other

- Arab (47)
- Any other ethnic group (98)

SECTION 6 – WORK EXPERIENCE

Job Title Nature of work	Name and location of organisation	Full time or Part time	From		To	
			Month	Year	Month	Year

SECTION 7 – DISABILITIES AND LEARNING DIFFICULTIES

- Do you consider yourself to have a learning difficulty or disability? Yes No
- Do you consider that you may need additional support whilst attending? Yes No

Learning Difficulty	Disability
1. Moderate leaning difficulties 2. Severe learning difficulties 3. Dyslexia 4. Dyscalculia 5. Other specific learning disability – Give details in App 1 6. Autism spectrum disorder 7. Multiple disabilities	1. Visual Impairment 2. Hearing Impairment 3. Disability affecting mobility 4. Other physical disabilities - Give details in App 1 5. Other medical condition - Give details in App 1 6. Emotional/behaviour difficulties 7. Mental health

- 8. Temporary Disability after illness
- 9. Profound complex disabilities
- 10. Autism
- 11. Multiple learning difficulties
- 12. Other - Give details in App 1

SECTION 8 – CRIMINAL CONVICTIONS

To help the College reduce the risks of harm or injury to students caused by the criminal behaviour of other students, we must know about any relevant criminal convictions an applicant has. Relevant criminal convictions for offences against a person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking.

Do you have any criminal convictions?

Yes

No

If Yes, please explain:

SECTION 9 – HOW DID YOU HEAR ABOUT US. _____

I agree to the college processing personal data contained in this form or other data which the college may obtain from me or other people. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on the premises or for any legitimate reason including communication with me following the completion of my studies. In addition, I agree to the College processing personal data described as "Sensitive Data" within the meaning of the United Kingdom Data Protection Act 2018, such processing to be undertaken for any purposes as indicated in the declaration.

The organisation is committed to preserving the privacy of its students and employees and to complying with the requirements of the General Data Protection Regulations (GDPR) 2018. To achieve this commitment information about our students, employees and other clients and contacts must be collected and used fairly, stored safely and not unlawfully disclosed to any other person.

SECTION 10 – DECLARATION

I sign to confirm that the above information is, to the best of my knowledge, true and complete.

Signature _____ **Date** ____/____/____

(FOR OFFICE USE ONLY)

ID No.	Total Fees	Start Date	Duration	Fees Paid	Receipt No.

Application Approved / Rejected By: Name: _____

Application Approved / Rejected Date: _____

Offer / Non Offer Letter Issue Date: _____

- ***Other specific learning disability – Give details***

- ***Other physical disabilities - Give details***

- ***Other medical condition - Give details***

- ***Any other medical conditions - Give details***