

# Stratford College London

43 West Ham Lane, London E15 4PH **Tel:** 0207 704 8497 **E-mail:** <u>admin@sclondon.ac.uk</u> **Web:** <u>www.sclondon.ac.uk</u> Please attach 2 recent photographs

# **APPLICATION FORM**

# (Please ensure all details are fully completed)

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:
<b>2</b> Address:		Email:
		Course applied for:

studied and grades achieved together with a translation into English (if appropriate).

\_\_\_\_\_

4	Language	Skills: What is	your first language	(mother tongue)?
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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 d	Term Address if different from above:							
		Post Code:						

# **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 / Bla c k	
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 Orraniation				From			То	
of work	organisation		Part time	Month	Y	'ear	Month	Year
SECTION 7 – DISABILITIES	AND LEARNING DIFFICULT	TIES						
-Do you consider yourself to have a learning difficulty o disability? Yes No								
- Do you consider that you may	ilst attendi	ng?			Yes	No	)	
Learning Difficulty Disability								
1. Moderate leaning difficulties			1.Visual Impairment			8.Tempo	rary Disability a	fter
2. Severe learning difficulties			2.Hearing Impairment			illness		
						9.Profound complex		
						disabilities		
3.Dyslexia			3.Disability affecting mobility			10. Autism		
4.Dyscalculia			4. Other physical disabilities - Give details in App 1			11. Multiple learning		
5. Other specific learning disabi	lity – Give details in App 1	5 Other medical condition - Cive details in Apr 1				difficulties		
6. Autism spectrum disorder		5.Other medical condition - <i>Give details in App 1</i>				12.0ther - Give details in App 1		
7. Multiple disabilities		6.Emotional/behaviour difficulties						
		7.Menta	l health					

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						
criminalconvictions an applicant has. Relevant criminal convictions for offences against a person, whether of a violent or sexual nature, and convictions for						
g or trafficking.						
Do you have any criminal convictions? Yes No						
a	l nature, and co					

SECTION 9 - HOW DID YOU HEAR ABOUT US.

I agree to the college processing personal data contained in this from 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