

Stratford College London 43 West Ham Lane, London E15 4PH

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

APPLICATION FORM

(Please ensure all details are fully completed)

O 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:	
Address:		Email:	
		Course applied for:	

From	То	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).

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:			

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 Name and location		n of Full time or Part time		Fron	From		То	
of work	Month			Y	ear	Month	Year	
SECTION 7 – DISABILITIES	AND LEARNING DIFFICUL	TIES						
-Do you consider yourself to have a learning difficulty o disability?						Yes	No	
- Do you consider that you may	need additional support wh	ilst attendi	ng?			Yes	No)
Learning Di	fficulty		Disability					
1. Moderate leaning difficulties		1.Visual Impairment 8.Temporary Disc			rary Disability a	fter		
2. Severe learning difficulties		2.Hearing Impairment				illness		
		9.Profo			9.Profou	ound complex		
						disabilities		
3.Dyslexia			3.Disability affecting mobility			10. Autism		
4.Dyscalculia			physical disabilities - Give	details in App 1		11.Multiple learning		
5. Other specific learning disability – <i>Give details in App 1</i>			medical condition - Give d	etails in App 1		difficultie		
6. Autism spectrum disorder 7. Multiple disabilities			nal/behaviour difficulties			12.Other	- Give details in	Арр 1
			health					

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						
criminalconvictions 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 de	aling or traffickin	g.			
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 from or other data which the college may obtain from me or other people. Iagree 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	<u>//</u>
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(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	