

Course Application 2010/2011



CITY AND ISLINGTON
COLLEGE

Form for School Leavers and Applicants under the age of 19

If you need help completing the form, or there is anything you do not understand please call the Course Information Unit on 020 7700 9200 or email courseinfo@candi.ac.uk. This form is also available on our website, please go to http://www.candi.ac.uk/PDF/16-18_app_form.pdf.

If you require the application form in any other format, please call the Course Information Unit.

For office use Enrolment Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sent to Centre/CA	<input type="text"/>
Interview date & time	<input type="text"/>						Needs help with interview	<input type="checkbox"/>	

PLEASE WRITE IN CAPITALS USING BLACK INK, AND KEEP A COPY FOR YOURSELF

1 Personal details

Mr Mrs Miss Ms ULN (Unique Learner Number):

Family Name or Surname:

First names:

Age on 31 August 2010:

Date of Birth: Day Month Year

Male Female

If your sixteenth birthday is after 31 August 2010 please contact us before you apply (date of birth 01/09/94 or later).

Permanent Home Address:

Full Postcode:

Email Address:

Tel (Home):

Mobile:

Change of address: if you know you are about to move, please attach a letter which also tells us your new address and gives the date from which you will be living there. If you move after you have sent in your form please let us know in writing so that we can change your details.

Were you born in the UK? Yes No If No, where were you born?

Are you an asylum seeker or refugee? Yes No When did you arrive in the UK?

Are you in the UK on a student visa? Yes No Do you require visa to study in the UK? Yes No

2 Name of the school you are currently studying in

Name of school:

Borough:

If you have left school, you need to write the name of the last school and the name of your current college/training provider/employer:

3 Course(s) you would like to apply for

We will organise an interview based on your first choice, the interviewer will confirm with you if you require an interview for your second choice.

Your first choice: (If you are applying for AS/A2 or International Baccalaureate please list 6 subject choices)

Course Name	Level	Centre

Your second choice:

Course Name	Level	Centre

You can put down more than one type of course on this form, e.g. A Levels and a vocational course. We advise A Level applicants to include A Level subject choices and also a vocational diploma at Level 3 as an alternative.

6 Equal Opportunities

The College aims to promote equal opportunities for all students. Please answer these questions to help us monitor the service we are offering. This information will not be used in selecting students for courses.

What is your ethnic group? Please tick the box that best describes your ethnic group:

- | | |
|--|---|
| <input type="checkbox"/> 11. Asian or Asian British - Bangladeshi | <input type="checkbox"/> 19. Mixed - White and Asian |
| <input type="checkbox"/> 12. Asian or Asian British - Indian | <input type="checkbox"/> 20. Mixed - White and Black African |
| <input type="checkbox"/> 13. Asian or Asian British - Pakistani | <input type="checkbox"/> 21. Mixed - White and Black Caribbean |
| <input type="checkbox"/> 14. Asian or Asian British - any other Asian background | <input type="checkbox"/> 22. Mixed - any other Mixed background |
| <input type="checkbox"/> 15. Black or Black British - African | <input type="checkbox"/> 30. Turkish |
| <input type="checkbox"/> 16. Black or Black British - Caribbean | <input type="checkbox"/> 23. White - British |
| <input type="checkbox"/> 17. Black or Black British - any other Black background | <input type="checkbox"/> 24. White - Irish |
| <input type="checkbox"/> 18. Chinese | <input type="checkbox"/> 25. White - any other White background |
| <input type="checkbox"/> 31. Kurdish | <input type="checkbox"/> 98. Any other - please specify _____ |

Is English your first language? Yes No

If no, what is your first/home language?

The College is registered under the Data Protection Act to hold information on students and has procedures to protect personal data.

Do you have a disability and/or learning difficulty?

Learning Difficulties

- | | |
|--|---|
| <input type="checkbox"/> 98. No learning difficulties | <input type="checkbox"/> 11. Dyscalculia |
| <input type="checkbox"/> 01. Assessed as having a moderate learning difficulty | <input type="checkbox"/> 19. Other specific learning difficulty |
| <input type="checkbox"/> 02. Assessed as having a severe learning difficulty | <input type="checkbox"/> 20. Autism spectrum disorder |
| <input type="checkbox"/> 10. Assessed as dyslexic | <input type="checkbox"/> 90. Multiple learning difficulties (more than one) |
| | <input type="checkbox"/> 97. Other – please specify _____ |

Disabilities / Medical Condition

- | | |
|---|---|
| <input type="checkbox"/> 98. No disabilities | <input type="checkbox"/> 07. Mental health difficulty (e.g. depression, serious anxiety) |
| <input type="checkbox"/> 01. Blind/ serious visual impairment | <input type="checkbox"/> 08. Temporary disability after illness or accident please describe _____ |
| <input type="checkbox"/> 02. Deaf/ hearing impairment | <input type="checkbox"/> 09. Assessed as having profound complex difficulties |
| <input type="checkbox"/> 03a. Mobility difficulty or | <input type="checkbox"/> 10. Asperger's syndrome |
| <input type="checkbox"/> 03b. Wheelchair user | <input type="checkbox"/> 90. Multiple disabilities |
| <input type="checkbox"/> 04. Other physical disability | <input type="checkbox"/> 97. Other - please specify below _____ |
| <input type="checkbox"/> 05. Other medical condition (e.g. epilepsy, asthma, diabetes, sickle cell) please specify: _____ | |
| <input type="checkbox"/> 06. Emotional/behavioural difficulties | |

If you require additional support at the interview please specify below:

What we will do with the information on this form: We will store your details on our database so that we can contact you about the course you have applied for. We may also use your details to contact you about the College, its news and events. If you would prefer not to be contacted for this purpose please tick this box. If you have given us information about a disability or a learning difficulty, the College wishes to pass this information on to the Learning Support Team to enable them to arrange any necessary support you may need.

7 Signature _____ **Date** _____

8 Reference

Please make sure your most recent school/college fills in this section in full. Completed application forms must include a school or college reference, usually from a form tutor, head of year or another teacher who knows you well. We are unable to process any forms which do not include a reference.

Name of Student School / College

Attendance: (Please provide actual numbers) Number of days absent out of

Punctuality (please tick one only) Good Fair Poor

Were there any extenuating circumstances for poor attendance?

Support needs (Tick box and comment if appropriate)

Language Pastoral Medical Learning

Recommended course type: Tick box

Level Possible Course Type - This should follow from estimated grade on page 2

Entry Basic Skills Level 1 BTEC Introductory Diploma or equivalent

Level 2 GCSE, BTEC First Diploma or equivalent Level 3 AS/A2 Level, BTEC National Diploma

Was the student receiving additional support at school? Yes No

If yes please give details and tell us what support they will need (including help with exams):

Has the student received any targeted support from either your staff or other agencies? Yes No

Does the student have: an SEN Statement? Moving On Plan / S139A Statement

Key Stage 3 SATS Results English Maths Science

In your written statement please tell us: whether the student is likely to succeed on the course(s) and at the level they applied for; the student's strengths, achievements and where they need to improve; any particular responsibilities; their relationships with tutors and peers; how organised they are in meeting work deadlines.

Please attach a copy of the NRA/progress file statement (if not attached, we would like to see it at interview).

Signed for the school Name

Position Date

PLEASE CHECK THIS LIST BEFORE SENDING FORM

Applicant Signed form School Signed form Completed
Completed attendance and punctuality School stamp estimated grades

School Stamp

PLEASE RETURN THIS FORM TO: Course Information Unit,
City and Islington College, PO BOX 19025, London N7 OWQ.
Telephone enquiries: 020 7700 9200