

13 CAREER

Would you like careers advice? Yes No

14 DECLARATION

The information you have provided on this form is subject to the Data Protection Act 1998. The details given will be processed for various administrative purposes and to provide statutory returns to our funding bodies. If you are under 18 information may be given to your parents or guardian. You have the right to see this information and should contact the College Admissions.

I agree to Hamble Community Sports College processing the information contained on this application form, also other data which may be obtained by Bradford College from me or other people, for reasons connected with my studies and the College's legitimate business purpose(s).

SIGNATURE OF APPLICANT Date

To prevent delay in processing your application, please ensure that you sign this form.

15 HOW DID YOU HEAR ABOUT THE HAMBLE SKILLS CENTRE?

Please tick whichever of the following applies:

- | | | |
|---|--|--|
| (1) College advertising/promotions <input type="checkbox"/> | (4) Family/friend/community group <input type="checkbox"/> | (7) Open days/roadshows <input type="checkbox"/> |
| (2) Information held at school <input type="checkbox"/> | (5) Newspaper story <input type="checkbox"/> | (8) College website <input type="checkbox"/> |
| (3) Careers advisor/Connexions <input type="checkbox"/> | (6) Course listings/LearnDirect <input type="checkbox"/> | (9) Other (please specify) <input type="text"/> |



WHAT NEXT?

<p>Step ONE Once we have received your application form, we will send you an acknowledgement:</p>	<p>Step TWO You may be asked to come in for an interview/presentation to learn more about the course. You will receive an interview date from us:</p>	<p>Step THREE You will receive a conditional or unconditional offer for your chosen subject area. You will also receive an information pack:</p>	<p>Step FOUR You will receive joining instructions:</p>
WITHIN 10 WORKING DAYS	WITHIN THREE WEEKS OF RECEIVING YOUR APPLICATION FORM	WITHIN 10 WORKING DAYS	IN JULY/AUGUST

If you have any queries, please do not hesitate to contact us on 023 8045 2105 or e-mail us on skillscentre@hamblecollege.co.uk



POST-16 COURSE APPLICATION FORM

If you need help in completing this form please contact us

Telephone 023 8045 2105 or email us at skillscentre@hamblecollege.co.uk

When completed the form should be returned by post to

Hamble Skills Centre, Hamble Community Sports College, Satchell Lane, Hamble, Southampton, SO31 4NE

Where possible, applications should be submitted by 31 March 2010

Office use only:
Application Reference

01 YOUR DETAILS

Surname (Family name) Mr/Mrs/Miss/Ms (Please circle as appropriate)

First and other names (in full) Sex (M or F)

National Insurance Number Date of birth Day Month Year

Age on 1st September – year of entry

Home address

Tel no Postcode

Mobile phone no Email address

02 ETHNIC ORIGIN

Please tick whichever of the following applies:

- | | | | | |
|--|--------------------------------------|--|--|--|
| Bangladeshi <input type="checkbox"/> | Black Other <input type="checkbox"/> | Pakistani <input type="checkbox"/> | White/Irish <input type="checkbox"/> | Mixed White/Asian <input type="checkbox"/> |
| Black African <input type="checkbox"/> | Chinese <input type="checkbox"/> | Other Asian <input type="checkbox"/> | Mixed White/Black African <input type="checkbox"/> | Mixed Other <input type="checkbox"/> |
| Black Caribbean <input type="checkbox"/> | Indian <input type="checkbox"/> | White/British <input type="checkbox"/> | Mixed White/Black Caribbean <input type="checkbox"/> | Other <input type="checkbox"/> |
| Black/British <input type="checkbox"/> | | | | |

03 RESIDENCE

I am British Yes No Date of arrival in the United Kingdom Day Month Year

If No, please state nationality

Please give details of prolonged periods spent outside the UK in the last 10 years (not including annual holidays):

Where were you resident From (Date) To

04 COURSES/SUBJECTS FOR WHICH YOU ARE APPLYING

1 <input type="text"/>	Office use only <input type="text"/>
2 <input type="text"/>	
3 <input type="text"/>	
<input type="text"/>	

This information is available in large print by calling 023 8045 2105 or emailing skillscentre@hamblecollege.co.uk

05 CAREER INTENTIONS/OTHER RELEVANT INFORMATION

06 SUPPORT REQUIRED

Hamble Skills Centre wants to support students during their studies. This information about your learning needs will help us to provide the support you require. Do you have a disability or learning difficulty which you would like us to know about? No Yes
If yes, do you have:

- | | | | | | |
|--|--------------------------|---|--------------------------|--|--------------------------|
| (01) Visual impairment (not corrected by glasses) (02) Deaf or hard of hearing (03) Disability affecting mobility (04) Autism/Aspergers syndrome | <input type="checkbox"/> | (05) Other medical condition (epilepsy, asthma) (06) Emotional/behavioural difficulties (07) Mental Health issues (08) Multiple disabilities (please specify) | <input type="checkbox"/> | (10) Dyslexia/Dyscalculia/Dyspraxia (11) Moderate learning difficulty (12) Severe learning difficulty (13) Profound complex disabilities (14) Other (please specify) | <input type="checkbox"/> |
|--|--------------------------|---|--------------------------|--|--------------------------|

Would you prefer someone to contact you about your learning needs? Yes No

Please let us know if you require interview support. Please give details:

Someone could attend an interview with you if you wish. Would you like someone to ring you to arrange this? Yes No

Do you require support at interview? Yes No Do you consider yourself to need support on your course? Yes No

07 EDUCATION

Name of the school or college you currently attend or last attended

Address From To

08 QUALIFICATIONS – YOU HAVE ALREADY COMPLETED

Subject	Qualification	Grade	Year

09 QUALIFICATIONS – PLEASE LIST SUBJECTS YOU ARE NOW STUDYING

Courses/subjects/modules	Predicted Grade	Level	Year	Courses/subjects/modules	Predicted Grade	Level	Year
GCSE English Language							
GCSE Mathematics							
GCSE Science							
Other qualifications							

10 EMPLOYMENT (if applicable)

Are you employed Yes No Current Position

Name and address of employer (if employed)

Employment details

11 WORK EXPERIENCE

Please list any positions of responsibility/ out of school activities paid or voluntary community work, including dates and names of employers and the experience you gained.

SECTION BELOW TO BE COMPLETED BY THE REFEREE

Your referee can be either:
Your Head of Year, Tutor or Mentor at your current school or college
Your Connexions Advisor
Your current employer, but NOT a relative or friend.

NOTES FOR GUIDANCE FOR REFEREES

The student named below has applied to the College. The referee's report is an important part of the selection process and the information you give will help to guide admissions tutors in making their decisions. Please complete the following questions? It would also be helpful if you could make comments regarding the applicant's suitability for the course.

CHECKING AND DESPATCH

If the reference is from a school or college, it would be helpful if the referee could use an official stamp at the foot of the statement and check the applicant's entries for academic qualifications taken and to be taken. Please forward the application directly to **Hamble Skills Centre, Hamble Community Sports College, Satchell Lane, Hamble, Southampton, SO31 4NE** as soon as possible.

It is in the applicant's interest that you process this form quickly. Delay in returning the form may mean an applicant is unable to get a place on the course

12 REFERENCE (to be completed by the referee)

PLEASE COMPLETE THIS SECTION IN FULL

Official Stamp	Name of referee <input style="width: 180px;" type="text"/>	Signature of referee <input style="width: 180px;" type="text"/>
	Post/occupation/relationship to applicant <input style="width: 180px;" type="text"/>	Date <input style="width: 80px;" type="text"/>
	Address <input style="width: 290px;" type="text"/>	
	Email address <input style="width: 180px;" type="text"/>	Tel no <input style="width: 80px;" type="text"/>

Name of Applicant:

Please comment on the applicant's suitability for the course based on present/potential performance:

Academic ability	<input style="width: 340px;" type="text"/>
Present performance	<input style="width: 340px;" type="text"/>
Attendance and punctuality	<input style="width: 340px;" type="text"/>
Attitude to work	<input style="width: 340px;" type="text"/>
Comments	<input style="width: 340px; height: 40px;" type="text"/>

Re: Applicants with learning difficulties and/or disabilities, please indicate if the applicant has any of the following:

IEP Statement of SEN Educational Psychologist Report Support in School