

Application Form 2021/22 Full-Time Entry



If you would like to apply for a course please complete this form and return to the college at the address on the reverse, or scan the form and email to admissions@southampton-city.ac.uk.

Please complete this form using **BLOCK CAPITAL LETTERS**.

1 What you would like to apply for

Full-time course Apprenticeship

Courses I am interested in...

Type of work I am interested in...

Are you currently working? Yes No

If you have applied for an apprenticeship, are you available for work? Yes No

2 Your details

Title (Mr/Mrs/Miss/Ms/...) Birth Gender Male Female

Surname/Family Name National Insurance Number

Forename(s) Nationality

Preferred name Date of Birth

Permanent Address (Home Address)

Postcode

Home Telephone Mobile Telephone

We will be sending text reminders so it's important that you provide a mobile number.

Email (required)

All communication will be sent electronically therefore we **must** have an email address for you.

3 Emergency contact and support information

We will be sending relevant College communication to this contact.

Emergency Contact 1

Parent/Carer Contact Name Relationship to you

Parent/Carer Phone Number Parent/Carer Email

Emergency Contact 2 (required if aged under 18)

Contact Name Relationship to you

Phone Number Email

We aim to bring success to all, regardless of physical disabilities, emotional, personal or learning difficulties. If you feel you need any additional support relating to a physical, medical or learning need, we are here to help.

I have a learning difficulty and/or disability I do not have any additional support needs I have an EHC Plan

If you have a learning difficulty and/or disability please indicate which below (please tick all that apply)

- Visual Impairment
- Hearing Impairment
- Disability Affecting Mobility
- Other Medical Condition (e.g. epilepsy, asthma, diabetes)
- Emotional/Behavioural Difficulties
- Mental Ill Health
- Temporary Disability After Illness (e.g. post-viral) or accident
- Profound Complex Disabilities
- Aspergers Syndrome
- Dyslexia
- Dyscalculia
- Autism Spectrum Disorder
- Other (please state):

4 Ethnic origin (Please tick one of the following)

- 31: White - English/Welsh/Scottish/Northern Irish/British
- 32: White - Irish
- 33: White - Gypsy or Irish Traveller
- 34: White - Any Other White Background
- 35: Mixed/Multiple Ethnic Groups - White and Black Caribbean
- 36: Mixed/Multiple Ethnic Groups - White and Black African
- 37: Mixed/Multiple Ethnic Groups - White and Asian
- 38: Any Other Mixed/Multiple Ethnic Groups Background
- 39: Asian/Asian British - Indian
- 40: Asian/Asian British - Pakistani
- 41: Asian/Asian British - Bangladeshi
- 42: Asian/Asian British - Chinese
- 43: Any Other Asian/Asian British Background
- 44: Black/African/Caribbean/Black British - African
- 45: Black/African/Caribbean/Black British - Caribbean
- 46: Any Other Black/African/Caribbean/Black British Background
- 47: Other Ethnic - Arab
- 98: Any Other Ethnic Background

5 Previous institution

School College

Exams taken or to be taken (please continue on a separate sheet if necessary)

Subject	Level (e.g. GCSE)	Year	Predicted Grade	Actual Grade

Who can we contact at school/college to find out a bit more about you?

6 Data collection

I understand that personal data presently held by my school will be transferred to my college.
City College Southampton collects information about all of its students for various administrative, academic, and health & safety reasons. Because of the Data Protection Act 1998 we need you to tick this box to consent to this process clause.
For more information please see our privacy policy at www.southampton-city.ac.uk/privacy-policy

7 Disclosure of Criminal Convictions

We ask the following question as a legal requirement in order to meet our safeguarding obligations. We must know about any recent unspent criminal convictions you may have. If you answer yes, we will contact you for more information.
Do you have an unspent criminal convictions? Yes No

8 Declaration

I confirm that all information supplied on this form is correct to the best of my knowledge.
Signature: Date:

Please return to: Admissions, City College, St Mary Street, SOUTHAMPTON, SO14 1AR,
or scan and email to admissions@southampton-city.ac.uk