

FULL-TIME AND APPRENTICESHIPS APPLICATION FORM 2016/17

1. APPLICANT DETAILS (PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS)

Surname	<input type="text"/>																									
First Name	<input type="text"/>																									
Middle Name(s)	<input type="text"/>													Title (please circle) Mr / Miss / Mrs / Ms												
Date of Birth	<input type="text"/>										Gender (please circle) Male / Female										Age <input type="text"/>					
Email address	<input type="text"/>																									
Contact Address	<input type="text"/>																									
Postcode	<input type="text"/>										National Insurance No.										<input type="text"/>					
Home Telephone No.	<input type="text"/>										Mobile No.										<input type="text"/>					

2. RESIDENCY

What is your nationality?	<input type="text"/>																										
Which country have you been living in for the past 3 years?	<input type="text"/>																										
Is English your first language? (please circle) YES / NO																											

3. FULL-TIME PROGRAMME CHOICE

Programme Title	<input type="text"/>																									
Campus	<input type="text"/>																									

4. APPRENTICESHIP CHOICE

Please only complete the following section if you wish to apply for an apprenticeship. If you already have an employer please list their contact details below. If you wish to apply for a full-time programme AND an apprenticeship please tick here ☐ and complete both sections 3 and 4. If you do not have an employer ready to complete your apprenticeship with, we will prioritise your full-time application until you have one.

Apprenticeship Title	<input type="text"/>																									
Employer Name	<input type="text"/>																									
Contact Name	<input type="text"/>																									
Email Address	<input type="text"/>																									

5. ACHIEVED AND PREDICTED GRADES

Qualification	Subject	Expected Grade	Grade Achieved

Name of current or most recent School, College, Training Provider or Employer	
Date of Leaving (if applicable)	

We will contact the above named organisation to confirm predicted grades where applicable.

6. LEARNING SUPPORT

Do you currently receive extra support or help with learning?	YES / NO
Do you require any support or help with a disability or health issue?	YES / NO
Do you have a medical condition, disability or any mobility problem for which you may require any help?	YES / NO
Will you need support or any adjustments to allow you to access an interview?	YES / NO

7. CRIMINAL CONVICTIONS

Do you have a Criminal Conviction? If yes, you will be asked to complete a Self Declaration Form	YES / NO
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This information will be treated in confidence and is only required to assist us to fulfil our responsibilities to assess any potential risk to our large number of young students.

8. STUDENT DECLARATION

I confirm that the information given on this form is correct to the best of my knowledge and agree to the following terms:

- Colchester Institute are able to store and process personal and sensitive data collected on this form, or other data obtained from me, or other relevant people, for any purpose connected with my application in accordance with the Data Protection Act 1998.
- I understand that Colchester Institute may share information with Local Authorities, the Department for Education, the Department for Business, Innovation and Skills, or my school.
- I authorise my school/college to provide Colchester Institute with information regarding predicted grades and general information about my progress.

Signed: Date:

Please return your completed application form by post or in person to our Admissions team at our Colchester or Braintree campus:

Admissions Team, Colchester Institute, Sheepen Road, Colchester. CO3 3LL

Admissions Team, The College at Braintree, Church Lane, Braintree. CM7 5TN