

### 1. Personal details

Title \_\_\_\_\_ Full Name \_\_\_\_\_ Male / Female

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

NI Number \_\_\_\_\_

### Emergency Contact Details:

Name \_\_\_\_\_

Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Relationship to You \_\_\_\_\_

Email \_\_\_\_\_

### 2. Apprenticeship details

Course choice \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Availability to start date \_\_\_\_\_

### 3. Additional learning needs / disabilities:

Do you have a disability and / or medical condition? Yes  No  If 'yes' please indicate:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Visual impairment (01) (excluding glasses) | <input type="checkbox"/> Other medical condition* (05)<br>(e.g. epilepsy, asthma) | <input type="checkbox"/> Temporary disability after illness (08)<br>(e.g. post viral) |
| <input type="checkbox"/> Hearing impairment (02)                    | <input type="checkbox"/> Emotional / behavioural difficulties (06)                | <input type="checkbox"/> Multiple disabilities (90)                                   |
| <input type="checkbox"/> Disability affecting mobility (03)         | <input type="checkbox"/> Profound, complex disabilities* (09)                     | <input type="checkbox"/> Aspergers syndrome (10))                                     |
| <input type="checkbox"/> Other physical disability (04)             | <input type="checkbox"/> Mental ill health (07)                                   | <input type="checkbox"/> Other* (97)  |

\*Please tick box and provide further details

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user).

Do you have a learning difficulty? Yes  No  If 'yes' please indicate:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Moderate learning difficulty (01)   | <input type="checkbox"/> Other specific learning disability (19) | <input type="checkbox"/> Autism Spectrum Disorder (20) |
| <input type="checkbox"/> Severe learning difficulty (02)     | <input type="checkbox"/> Dyslexia (10))                          | <input type="checkbox"/> Other (97)                    |
| <input type="checkbox"/> Multiple learning difficulties (90) | <input type="checkbox"/> Dyscalculia (11)                        |  |

If you need advice or guidance regarding disability or learning difficulty, please contact us for additional learning support. We collect this information to enable us to give you relevant support while you are at college.

### 4. Transport

Do you hold a driving licence? Full  Motorcycle  Provisional  No

Do you have your own transport? Yes  No

### 5. Career ambitions, hobbies and interests

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## 6. Eligibility

- Have you graduated or do you hold a Level 4 / 5 / 6 or HND qualification? Yes  No
- Have you been resident in the UK or EU for the last three years? Yes  No
- Have you found suitable employment related to the Apprenticeship for which you've applied? Yes  No
- If yes, please provide details: \_\_\_\_\_
- Have you started this employment yet? Yes  No

Administrative use only:

Eligibility checked by Work-based Learning Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

## 7. Qualifications

Last school / college attended: \_\_\_\_\_ Date of leaving / expected end date: \_\_\_\_\_

Please give details of the qualifications you have taken or are due to take including GCSEs - include any qualifications that may be relevant to your career aspirations. (Please continue on a separate sheet if necessary).

Subject	Date taken / due to be taken	Level	Actual or predicted grades

## 8. Work experience / current employment

Please give details of any work experience or jobs you have had, including part-time and / or voluntary work. (Please continue on a separate sheet if necessary).

Position (Please indicate whether this was work experience or paid employment)	Current Y/N	Company	From	To

## 9. References

Please give the **name and full postal address** of your referee. Your referee must be from your last school, college or employer.

Academic / Employment Full contact name and address: _____ _____ Post Code _____ Relationship to you _____
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## 10. I apply for admission to Kingston Maurward College

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: **Registrar, Kingston Maurward College, Dorchester, Dorset, DT2 8PY**

## 11. Data protection

The information you provide on this application form will be retained by Kingston Maurward College for reference. It will not be made available to any third party organisations except those who have a direct involvement with the facilitation of college courses.

