

Kingston Maurward College

Apprenticeships Application Form 2018/19

Please complete all fields and include your email address as this is our primary method of corresponding with you.

If you require help completing this form please contact our Admissions team on 01305 215215.

1. Personal details

Title _____ Full Name _____ Male / Female

Age on Sept 1 2018 _____ Date of Birth ____ / ____ / ____ Nationality _____
(year you start your course)

Home Address _____

Post Code _____

Tel No. _____ Mobile No. _____

Email _____

Please complete the email address as this is our primary method of contacting you

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. 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 and 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	Predicted grades	Actual grades
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

6. Eligibility

Have you graduated or do you hold a Level 4 / 5 / 6 qualification? Yes No

Have you been a 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 have 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. Additional Support for Learning and/or Disability

Please indicate any needs you may have eg. learning difficulties, disabilities or health needs, so that we can plan appropriate support for you.

I have a disability Yes No I have a learning difficulty Yes No

If yes, please tick all relevant boxes below and circle the most significant or primary learning disabilities/difficulties that will impact on your learning.

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other medical condition | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other disability | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Profound complex disability | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Mental health disability | <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Severe learning difficulties | |
| <input type="checkbox"/> Temporary disability after illness | <input type="checkbox"/> Dyslexia | |

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

8. Do you have any unspent criminal convictions? Yes No If 'yes' please give details below:

9. Work Experience / Current Employment

Please give details of any work experience or jobs you have had, including part-time and / or voluntary work. Use separate sheet if needed.

Position (was this work experience or paid employment?)	Current? Y/N	Company	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. 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 (please circle)

Full contact name and address _____

_____ Postcode _____

Relationship to you _____ Email address _____

11. I apply for admission to Kingston Maurward College

Student signature _____ Date _____

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

14. 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.