

## DATA PROTECTION – DATA PROTECTION ACT 1998

Stephenson College is registered as a Data User under the Data Protection Act 1998. Personal data is treated in confidence and will not be disclosed to a third party except where the College is required or permitted to do so by law or where the applicant has given consent in advance. The personal data collected on this form will be processed and held on a database in order to manage your application. We may use such data for any purpose connected with your studies, health and safety whilst on the premises, or for any legitimate reason. This may include contacting you and your parent / guardian by post, email or telephone (incl SMS) from time to time in connection with your application.

From time to time the college may use your details to send you information.

Please tick here if you do not require this information.

## CRIMINAL CONVICTIONS

Do you have any previous spent or unspent criminal convictions (excluding traffic offences)? Yes  No   
If Yes, please give details (we may contact you to discuss further):

## DECLARATION BY APPLICANT (Please read carefully)

I confirm that the details on this form are accurate and complete. If offered a place, I agree to comply with the College policies and procedures when using College facilities and understand that full copies of these policies and procedures are available from Student Services.

Signed  Date

## PLEASE RETURN THIS FORM TO

FREEPOST RLYK-JRAU-ZKTB  
Stephenson College  
Student Services  
Thornborough Road  
Coalville  
Leicestershire  
LE67 3TN

01530 836136  
www.stephensoncoll.ac.uk



# Full-Time & Apprenticeship Application Form

Please complete ALL sections of this form in BLOCK capitals.



## COURSE REQUIRED (Please tick relevant box(s) (more than one route can be selected)).

Full-Time  Apprenticeship

Name of Course/Occupational area

Please tick this box if you do not know which course you want to study

## APPLICANT DETAILS

Title: Mr/Mrs/Miss/Ms  Surname:

Forenames (in full):

Previous Surname (if changed):

Nationality:  Date of Birth:

Current Address:   
  
  
  
Postcode:

Email Address:  National Insurance No.:

Home Tel No. (incl Code):  Mobile:

## RESIDENCY

Have you been living in the UK for the last 3 years? Yes  No

Normal country of residence:  Date of arrival in UK/EU

## NEXT OF KIN DETAILS

Title: Mr/Mrs/Miss/Ms  Initials:  Surname:

Relationship to Applicant (parent, guardian, etc):

Daytime Tel No (incl area code):  Mobile:

## ADMIN USE ONLY

ASSESSMENT: DATE/TIME  INITIALS

INTERVIEW: DATE/TIME  INITIALS

## DISABILITY AND ADDITIONAL SUPPORT

Stephenson College can offer a wide range of support to help students succeed on their course. We welcome students with disabilities and learning difficulties (including, for example, dyslexia, epilepsy, mobility difficulties and mental health problems).

If you consider that you may need some additional support, please complete the following questions:

Do you consider yourself to have a learning difficulty, disability or medical condition that may affect your studies? (eg. use a wheelchair, have dyslexia etc)

Yes  No

If YES, please specify the nature of your condition. This will help us to best assess your requirements.

Will you require any alternative arrangements to assist you at initial assessment/interview?

Yes  No

If you ticked yes, we will contact you to discuss.

I agree for relevant details above to be passed to appropriate College staff in order to assess possible support requirements.

Signed  Date

## INTENDED CAREER

(If undecided, say so, but also indicate where main interests lie)

## EMPLOYMENT/WORK EXPERIENCE (Give details of any employment, full-time (F/T), part-time (P/T), Saturday (S), work experience (WE))

Company	Duties	Date	FT/PT/S/WE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CURRENT EMPLOYER (if applicable)

Company Name

Contact Name  Contact Number

## NAME AND ADDRESS of present or last school/college attended (if within the last 3 years)

Have you ever been on another course at Stephenson College?

Yes  No  If yes, which course:

Date from  to

## EXAMINATION RESULTS AND PREDICTED GRADES (include GCSE, AS/A Level, Degree etc).

Name of Examination	Level	Date of Exam	Predicted Grade	Result & Grade
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## REFEREES

Please give the name and address of 2 referees (at least one should be academic from your school) who may be contacted if required. You will be advised at interview if a reference is needed.

Name   
Address

Name   
Address