

# Application Form

Please write in CAPITALS

Academic Year 2012-2013

Do you require help making your choice? Call the Information Advice and Guidance Centre on 020 8268 2555

**Course Details** - Please include up to two programmes of study. For example: "A Levels" or "Extended Diploma in Engineering"

Course Title

Course Title

If you are applying for AS/A2 or GCSE levels (delete as appropriate) please list the subjects here:

- \*
- \*
- \*
- \*
- \*

Have you previously applied to or attended Kingston College?  Yes  No

Unique Learner Number (ULN)- enter if known otherwise leave blank

## Personal Details

Last Name

First Name

Date of Birth  Age as at 31/08/11

Title  Mr  Miss  Ms  Mrs Sex  M  F

Email Address	Email Address of Parent/Guardian
Home Address	Name and Address of Parent/Guardian
Postcode	Postcode
Tel Home	Tel Home
Mobile	Mobile

## Residency in the United Kingdom

Please provide your nationality Which passport do you hold?

Please state which country you normally reside in

Do you have or will you need a Tier 4 Student Visa to study in the UK?  Yes  No

*Applicants who normally live outside the European Area (EEA/EU) - may need a Tier 4 visa in order to study in the UK*

What residency status/permission do you have in order to live in the UK?

Have you been a permanent resident in the UK for the last 3 years?  Yes  No

If **NO**, please indicate which country/countries you have been living in for the last 3 years and your date of entry into the UK

Country Date

Are you an Asylum Seeker or Refugee?  Yes  No

## For College Use Only

Comments	Forward to	ACE <input type="checkbox"/>	ADM <input type="checkbox"/>	HBS <input type="checkbox"/>	IAG <input type="checkbox"/>	INT <input type="checkbox"/>	KES <input type="checkbox"/>	PLS <input type="checkbox"/>
	Location	AH <input type="checkbox"/>	KHR <input type="checkbox"/>	RR <input type="checkbox"/>	SJR <input type="checkbox"/>			
Student ID	Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Entered by <input type="text"/>



## Additional Information

Please supply relevant information about yourself, include any previous experience in your chosen area, including work experience, previous employment, membership of professional bodies, hobbies, interests etc. Continue on a separate sheet of paper if necessary.

**If you are applying for CIPD, Institute of Legal Executives or Management courses, please also attach your CV.**

## Criminal Conviction Disclosure

Kingston College is an inclusive college and we are keen for all learners to be well cared for. We therefore ask all learners to declare if they have any criminal convictions. If you answer yes, you will be asked to provide further details. This does not automatically affect your admission, but allows the College to undertake a risk assessment and provide support as appropriate.

Do you have any criminal convictions?  Yes  No

## Learner Support

Kingston College is committed to meeting the requirements of all our learners and offers services to support learners with additional needs, learning differences and medical conditions.

These may include:

- ▲ Physical disability or reduced mobility
- ▲ Hearing or visual impairment
- ▲ Learning differences such as dyslexia, dyspraxia, semantic pragmatic disorder
- ▲ Mental health difficulties
- ▲ ADHD
- ▲ Autistic spectrum disorders including Aspergers syndrome
- ▲ Emotional, social and behavioural differences

Do you consider yourself to have a disability and/or medical condition?  Yes  No

If **yes**, please tick which most describes your disability and/or medical condition?

- |   |   |
|---|---|
| <input type="checkbox"/> Visual impairment                              | <input type="checkbox"/> Mental ill health                              |
| <input type="checkbox"/> Hearing impairment                             | <input type="checkbox"/> Temporary disability after illness or accident |
| <input type="checkbox"/> Disability affecting mobility                  | <input type="checkbox"/> Profound complex disabilities                  |
| <input type="checkbox"/> Other physical disability                      | <input type="checkbox"/> Aspergers syndrome                             |
| <input type="checkbox"/> Other medical condition (fro example epilepsy) | <input type="checkbox"/> Multiple disabilities                          |
| <input type="checkbox"/> Emotional/behavioural difficulties             | <input type="checkbox"/> Other  |

Do you consider yourself to have a learning difference/difficulty?  Yes  No

If **yes**, please tick which most describes your difference/difficulty?

- |  |   |
|--|---|
| <input type="checkbox"/> Dyslexia  | <input type="checkbox"/> Moderate learning difficulties |
| <input type="checkbox"/> Dyscalculia   | <input type="checkbox"/> Severe learning difficulties   |
| <input type="checkbox"/> Autism  | <input type="checkbox"/> Multiple learning difficulties |
| <input type="checkbox"/> Other specific learning difficulties (ADHD, speech or language disorders) | <input type="checkbox"/> Other                          |

Are you receiving support from Social Services?  Yes  No

If **yes**, please tick which most describe your circumstances?

- |   |   |
|---|---|
| <input type="checkbox"/> A care leaver      | <input type="checkbox"/> A young carer                                  |
| <input type="checkbox"/> A vulnerable adult | <input type="checkbox"/> A young person in care (including foster care) |

Would you like to discuss these needs with a member of the College support team?  
Please indicate below and we will contact you to arrange this.

Yes    No

## Reference Details

Fill in your details on the Reference Form and pass to your Referee (Form/College Tutor/Employer). If you are over 20 we may accept a reference from your employer or someone who knows you well. References may not be completed by a relative. We cannot process an application form until a reference has been received.

## Declaration

Check that all sections have been completed. Sign, date and return this form to Kingston College.

Signature of applicant

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for completing this form. Please return it to:

Admissions, Kingston College, Kingston Hall Road, Kingston Upon Thames, Surrey. KT1 2AQ

Information provided on this form is held in accordance with the Data Protection Act 1998, and is used for the purpose of student administration. For further information, please contact the Student Registry.



## Section B

Has this pupil ever been excluded from Year 10 or Year 11?  Yes  No

If yes, please give details.

## Section C

Please tick the appropriate boxes

	Poor	Average	Good	Excellent
Written communication				
Oral communication				
Quality of work				
Commitment				
Motivation				
Ability to work as a member of a team				
Relationships with Peer/Group Teachers				
Behaviour				
Attitude to school/college/work environment				

Attendance  % Punctuality  % From       to

Is this applicant receiving support from Social Services?  Yes  No

If **yes**, please tick which most describe their circumstances?

- A care leaver  A young carer  
 A vulnerable adult  A young person in care (including foster care)

Is this Applicant receiving additional learning support?  Yes  No

If **yes**, please give details

## Section D

How long have you known the applicant?   year(s)   month(s)

In what capacity do you know the applicant?

Please comment on the applicant and their suitability for the course

## Section E

Name	Signature of Referee
Position	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	
Post code	Contact Number

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If you have any queries please email [admissions@kingston-college.ac.uk](mailto:admissions@kingston-college.ac.uk) or telephone 020 8268 3073

SCHOOL  
STAMP  
HERE