

### 13 CAREER

Would you like careers advice?  Yes  No

### 14 DECLARATION

The information you have provided on this form is subject to the Data Protection Act 1998. The details given will be processed for various administrative purposes and to provide statutory returns to our funding bodies. If you are under 18 information may be given to your parents or guardian. You have the right to see this information and should contact the College Registrar.

I agree to Bradford College processing the information contained on this application form, also other data which may be obtained by Bradford College from me or other people, for reasons connected with my studies and the College's legitimate business purpose(s).

SIGNATURE OF APPLICANT

Date

To prevent delay in processing your application, please ensure that you sign this form.

### 15 HOW DID YOU HEAR ABOUT THE COLLEGE?

Please tick whichever of the following applies:

- (1) College advertising/promotions  (4) Family/friend/community group  (7) Open days/conventions/roadshows   
 (2) Information held at school  (5) Newspaper story  (8) College website   
 (3) Careers advisor/EASA/Connexions  (6) Course listings/LearnDirect  (9) Other (please specify)

# How to Complete your Application Form

If you need help in completing this form please contact Admissions

Telephone 01274 433333 or email us at [admissions@bradfordcollege.ac.uk](mailto:admissions@bradfordcollege.ac.uk)

When completed the form should be returned to: Admissions, Bradford College, Great Horton Road, Bradford BD7 1AY.

You may wish to apply online for your course at: [www.bradfordcollege.ac.uk](http://www.bradfordcollege.ac.uk)

Where possible, applications should be submitted by 25 March 2008.

Applications received after this date cannot be guaranteed an interview or a place.

Office use only:  
STUDENT REF NO

### 01 YOUR DETAILS

Surname (Family name)  Mr/Ms/Miss/Ms (please circle as appropriate)

First and other names (in full)  Sex (M or F)

National Insurance Number  Date of birth Day  Month  Year

Age on 1st September – year of entry

Home address

Tel no  Postcode

Mobile phone no  Email address

### 02 ETHNIC ORIGIN

Please tick whichever of the following applies:

Bangladeshi  Black Other  Pakistani  White/Irish  Mixed White/Asian   
 Black African  Chinese  Other Asian  Mixed White/Black African  Mixed Other   
 Black Caribbean  Indian  White/British  Mixed White/Black Caribbean  Other   
 Black/British

### 03 RESIDENCE

I am British Yes  No  Date of arrival in the United Kingdom Day  Month  Year

If No, please state nationality

Please give details of prolonged periods spent outside the UK in the last 10 years (not including annual holidays):  
 Where were you resident  From (Date)  To

### WHAT NEXT?

<b>Step ONE</b> Once we have received your application form, we will send you an acknowledgement:	<b>Step TWO</b> You may be asked to come in for an interview/presentation to learn more about the course. You will receive an interview date from us:	<b>Step THREE</b> You will receive a conditional or unconditional offer for your chosen subject area. You will also receive an information pack:	<b>Step FOUR</b> You will receive joining instructions:
<b>WITHIN 10 WORKING DAYS</b>	<b>WITHIN THREE WEEKS OF RECEIVING YOUR APPLICATION FORM</b>	<b>WITHIN 10 WORKING DAYS</b>	<b>IN JULY/AUGUST</b>

If you have any queries, please do not hesitate to contact us on 01274 433333 or e-mail us on [admissions@bradfordcollege.ac.uk](mailto:admissions@bradfordcollege.ac.uk)

This information is available in large print, Braille, or on audio CD by ringing 01274 433333 or emailing [admissions@bradfordcollege.ac.uk](mailto:admissions@bradfordcollege.ac.uk)

### 04 COURSES/SUBJECTS FOR WHICH YOU ARE APPLYING

Please list courses/subjects you are applying for (in order of preference)

1

2

3

Office use only

If you are applying for A levels or GCSEs, please list the subjects you would like to study

**05 CAREER INTENTIONS/OTHER RELEVANT INFORMATION**

**06 SUPPORT REQUIRED**

Bradford College wants to support students to succeed in their studies. This information about your learning needs will help us to provide the support you require. Do you have a disability or learning difficulty which you would like us to know about? No  Yes

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (01) Visual impairment (not corrected by glasses) | <input type="checkbox"/> (05) Other medical condition (epilepsy, asthma)   | <input type="checkbox"/> (10) Dyslexia/Dyscalcular/Dyspraxia |
| <input type="checkbox"/> (02) Deaf or hard of hearing                      | <input type="checkbox"/> (06) Emotional/behavioural difficulties           | <input type="checkbox"/> (11) Moderate learning difficulty   |
| <input type="checkbox"/> (03) Disability affecting mobility                | <input type="checkbox"/> (07) Mental Health issues                         | <input type="checkbox"/> (12) Severe learning difficulty     |
| <input type="checkbox"/> (04) Autism/Aspergers syndrome                    | <input type="checkbox"/> (08) Multiple disabilities (please specify) _____ | <input type="checkbox"/> (13) Profound complex disabilities  |
|  | <input type="checkbox"/> (09) Multiple learning difficulties _____         | <input type="checkbox"/> (14) Other (please specify) _____   |

Would you prefer someone to contact you about your learning needs? Yes  No

Please let us know if you require interview support eg signer accessible room. Please give details: \_\_\_\_\_

Someone could attend an interview with you if you wish. Would you like someone to ring you to arrange this? Yes  No

Do you require support at interview? Yes  No  Do you consider yourself to need support on your course? Yes  No

**07 EDUCATION**

Name of the school or college you currently attend or last attended \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**08 QUALIFICATIONS – YOU HAVE ALREADY COMPLETED**

Subject	Qualification	Grade	Year

**09 QUALIFICATIONS – PLEASE LIST SUBJECTS YOU ARE NOW STUDYING**

Courses/subjects/modules	Predicted Grade	Level	Year	Courses/subjects/modules	Predicted Grade	Level	Year
GCSE English Language				GCSE A level (GNVQ)/ANCE or equivalent			
GCSE Mathematics							
GCSE Science							
Other qualifications							
				HND....			
				Degree....			

**10 EMPLOYMENT (if applicable)**

Are you employed Yes  No  Current Position \_\_\_\_\_

Name and address of employer (if employed) \_\_\_\_\_

Employment details \_\_\_\_\_

**11 WORK EXPERIENCE**

Please list any positions of responsibility/out of school activities paid or voluntary community work, including dates and names of employers and the experience you gained.

**SECTION BELOW TO BE COMPLETED BY THE REFEREE**

Your referee can be either:

- Your form tutor if you are a school leaver, or your personal tutor if you are a current student at this or any other college
- A current or previous employer
- Someone who has known you for at least two years but is NOT a relative or friend.

**NOTES FOR GUIDANCE FOR REFEREES**

The student named below has applied to the College. The referee's report is an important part of the selection process and the information you give will help to guide admissions tutors in making their decisions. Please complete the following questions: It would also be helpful if you could make comments regarding the applicant's suitability for the course.

**CHECKING AND DESPATCH**

If the reference is from a school or college, it would be helpful if the referee could use an official stamp at the foot of the statement and check the applicant's entries for academic qualifications taken and to be taken. Please forward the application directly to Admissions, Bradford College, Great Horton Road, Bradford BD7 1AY as soon as possible. It is in the applicant's interest that you process this form quickly. Delay in returning the form may mean an applicant is unable to get a place on the course

**12 REFERENCE (to be completed by the referee)**

**PLEASE COMPLETE THIS SECTION IN FULL**

Official Stamp \_\_\_\_\_ Name of referee \_\_\_\_\_ Signature of referee \_\_\_\_\_

Post/occupation/relationship to applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Tel no \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Please comment on the applicant's suitability for the course based on present/potential performance:

Academic ability \_\_\_\_\_

Present performance \_\_\_\_\_

Attendance and punctuality \_\_\_\_\_

Attitude to work \_\_\_\_\_

Comments \_\_\_\_\_

Re: Applicants with learning difficulties and/or disabilities, please indicate if the applicant has any of the following:  
 IEP  Statement of SEN  Educational Psychologist Report  Support in School