

Please complete **ALL** sections of this form in **BLOCK CAPITALS** and tick where appropriate

Current Enrolment Number..... Entry Year.....

### 1 Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mx	Forename	
Middle Names			
Surname			
Date of Birth	..... / ..... / .....	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

The name declared on your Registration Form must be your FULL name and will be the one printed on your University Centre Certificate. Please ensure you inform Registrar Services of any changes of name immediately and provide official evidence i.e. Passport, Marriage Certificate, Birth Certificate.

### 2 Home Address Details

Address 1	
Address 2	
Town	
County	
Postcode	
Home Tel	
Mobile	
Email	

### 3 Ethnicity

- |   |   |   |   |
|---|---|---|---|
| 31 <input type="checkbox"/> White/British         | 35 <input type="checkbox"/> Mixed - White/Black Caribbean | 40 <input type="checkbox"/> Pakistani     | 45 <input type="checkbox"/> Black Caribbean |
| 32 <input type="checkbox"/> White/Irish           | 36 <input type="checkbox"/> Mixed - White/Black African   | 41 <input type="checkbox"/> Bangladeshi   | 46 <input type="checkbox"/> Black Other     |
| 33 <input type="checkbox"/> Gypsy/Irish Traveller | 37 <input type="checkbox"/> Mixed - Mixed/Asian           | 42 <input type="checkbox"/> Chinese       | 47 <input type="checkbox"/> Arab            |
| 34 <input type="checkbox"/> White/Other           | 38 <input type="checkbox"/> Mixed – Other                 | 43 <input type="checkbox"/> Other Asian   | 98 <input type="checkbox"/> Other           |
|   | 39 <input type="checkbox"/> Indian                        | 44 <input type="checkbox"/> Black African |   |

### 4 Care Leavers

Are you looked after (in care) or a care leaver?  Yes  No

Are you entitled to the Care Leaver Bursary?  Yes  No

If so, please provide your Local Authority..... Keyworker.....

## 5 Courses

I wish to apply for the following course(s):

Choice	Course Title	Full Time or Part Time
1 <sup>st</sup>		<input type="checkbox"/> FT <input type="checkbox"/> PT
2 <sup>nd</sup>		<input type="checkbox"/> FT <input type="checkbox"/> PT

## 6 Qualifications

Please list your GCSE/Level 2 Functional Skills qualifications

GCSE/Level 2 Functional Skills Subject	Grade	Did you study this course at Bradford College?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list your qualifications completed or certificated (e.g A level, BTEC Level 3 or other)

Awarding Body (e.g OCR, BTEC)	Level	Type (e.g Subsidiary, Extended, Certificate, HNC/D)	Subject	Grade Achieved	Did you study this course at Bradford College?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list your qualifications not yet completed or certificated (e.g A level, BTEC Level 3 or other)

Awarding Body (e.g OCR, BTEC)	Level	Type (e.g Subsidiary, Extended, Certificate, HNC/D)	Subject	Predicted Grade	Did you study this course at Bradford College?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone else in your immediate family or household have a degree?  Yes  No

## 7 Personal Statement

Please write a short personal statement about yourself detailing why you would like to apply for the course and include any relevant work experience you may have

## 8 Residence

Please state your nationality: .....

Have you been a resident in the EU/UK for more than 3 years?  Yes  No

Please state your country of birth: .....

NB: You will be asked to present your passport/residence permit during enrolment

## 9 Learning difficulties and/or disabilities

Bradford College is committed to providing support to students with learning difficulties and/or disabilities. Please help us to provide you with the support you may require to succeed in your studies.

Do you consider yourself to have a learning difficulty and/or disability and/or health problem?  Yes  No

Please state the nature of your disability or learning difficulty

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Visual Impairment<br>(Not corrected by glasses) | <input type="checkbox"/> Other Physical Disability         | <input type="checkbox"/> Mental Health Difficulty                  | <input type="checkbox"/> Aspergers Syndrome                       |
| <input type="checkbox"/> Hearing Impairment                              | <input type="checkbox"/> Other Medical Condition           | <input type="checkbox"/> Temporary Illness                         | <input type="checkbox"/> Other Disabilities                       |
| <input type="checkbox"/> Disability Affecting Mobility                   | <input type="checkbox"/> Social and Emotional Difficulties | <input type="checkbox"/> Profound Complex Disabilities (Diagnosed) | <input type="checkbox"/> Speech, Language and Communication needs |
| <input type="checkbox"/> Moderate Learning Difficulty                    | <input type="checkbox"/> Dyslexia                          | <input type="checkbox"/> Other Specific Learning Difficulty        | <input type="checkbox"/> Other Learning Difficulty                |
| <input type="checkbox"/> Severe Learning Difficulty                      | <input type="checkbox"/> Dyscalculia                       | <input type="checkbox"/> Autism Spectrum Disorder                  |   |

Other (Please state).....

Please indicate which is your primary disability, difficulty or health problem.....

## 10 Sharing Information

If you **do not** wish to be contacted in relation to either surveys and research or courses and learning opportunities by mail or phone please tick this box

The data you supply will be used by the Skills Funding Agency to issue you with a Unique Learner Number and share information about your learning. Further details of how your data is processed and shared can be found at

[www.miap.gov.uk](http://www.miap.gov.uk)

## 11 Student Statement

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 to provide statutory returns to our funding bodies. 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).

I acknowledge my responsibilities as defined in the College Charter, displayed throughout the College and on the College Website at [www.bradfordcollege.ac.uk](http://www.bradfordcollege.ac.uk). I agree to the following:

- I agree to adhere to all College Policies and Procedures as displayed on the College Website.
- If it is a requirement of my course, I agree to complete a DBS and health questionnaire prior to commencing my course. I will notify the College in the event that I am convicted of a criminal offence during my course of study.
- I confirm that the information I have given about myself and contained on this form is correct. I understand it is my responsibility to inform the College of any alterations to my personal details.

Applicant Signature ..... Date ..... /..... /.....

**Submit your completed form to B16 Registrar Services, Old Building**

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