Leighton College Application Form 2024/25

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| Section 1: Personal details | |
| **First Name:** | |
| **Surname:** | |
| **Title:** Mr  Ms  Miss  Mrs  Other | |
| **Gender:** Male  Female  Other | **National Insurance Number**  **(if you have one):** |
| **Date of Birth:** | **Age on 31/08/20:** |
| **Home Telephone Number:** | **Mobile Number:** |
| **Home address:** | **Post Code:** |
| **Borough:** |
| **E-mail:** | |
| **Preferred method of contact:** | |

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| **Emergency contact name** |  |
| **Relationship to applicant** |  |
| **Emergency phone number** |  |
| **Emergency contact email** |  |

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| **1b. Referrer Details (If this is a self-referral, please leave blank)** | |
| **\*Full Name:** | **Job title:** |
| **Organisation Name and Address:** | |
| **Contact Telephone Number:** | **Email:** |

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| Section 2: Residency | | | | |
| **Nationality** |  | | **First Language** |  |
| **Country of permanent residence** | |  | | |
| **Q1: Have you lived in the UK or the European Economic Area for the last three years?**  Yes  No | | | | |
| **If you answered 'no' to Q1, please answer the following two supplementary questions:** | | | | |
| **A: When did you arrive in the UK/European Economic Area?** | | | |  |
| **B: Are there any immigration restrictions on how long you can stay in the UK?** | | | |  |
| **Evidence seen and signed by staff** | |  | | |

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| Section 3: Unique Learner Number |
| **If you have been issued with a Unique Learner Number please provide it here, otherwise we will obtain one on your behalf from the Learner Registration Service:**  **­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Section 4: Learning Programme | |
| **Title of Programme** | **Personal Development (2 year programme)** |
| **Employability (1 year programme)** |
| **Start date – Year of programme** |  |

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| Section 5: Ethnic Origin |

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| **Ethnicity Codes** | | | |
|  | Asian or Asian British – Bangladeshi |  | Mixed – White and Black African |
|  | Asian or Asian British – Indian |  | Mixed – White and Black Caribbean |
|  | Asian or Asian British – Pakistani |  | Mixed – any other mixed background |
|  | Asian or Asian British – any other Asian background |  | White – British |
|  | Black or Black British – African |  | White – Irish |
|  | Black or Black British – Caribbean |  | White – any other White background |
|  | Black or Black British – any other Black background |  | Any other |
|  | Chinese |  | Not known/not provided |
|  | Mixed – White and Asian |  |  |

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| Section 6: Prior Achievement | | | | | |
| **Please tick Below.** | | | | | |
|  | 09. Entry Level |  | 03. Full level 3 | | |
|  | 07. Other qualification below level 1 |  | 97. Other qualification level not known | | |
|  | 07. Full Level 1 |  | 98. Not Known | | |
|  | 02. Full level 2 |  | 99. No Qualifications | | |
| English and Maths- Please give details of English and Maths qualifications that you hold below | | | | | |
| Title | | | Level | Month/ year | Grade |
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| Section 7: Employment and Benefit Details | | | | | | | |
| Please tick all that apply to your status prior to your employment | | | | | | | |
|  | Employed for 20+ hours per week |  | Not in paid employment, looking/available for work | | |  | Employed less than 16 hours per week |
|  | Employed for 16-19 hours per week |  | Not in paid employment and not looking | | |  | Self-employed |
| Students may be eligible for free school meals. Please indicate any of the following benefits that the student, or you as the parent/carer of the student are in receipt of: | | | | | | | |
|  | Universal Credit | | |  | Income based Job Seekers Allowance | | |
|  | Income Support | | |  | The guaranteed element of State Pension Credit | | |
|  | Income related Employment and Support Allowance (ESA) | | |  | Child Tax Credit (provided you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16, 190) | | |
|  | Support under part VI of the immigration and Asylum Act 1999 | | |  | Working Tax Credit run-on (paid for 4 weeks after WTC stops) | | |

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| Section 8: Current Support | | | | | |
| Do you currently access any of the following support: | | | | | |
|  | Social Worker |  | Educational/ Clinical psychologist |  | Other- Social Care Professional |
|  | Occupational Therapist |  | Support Worker/ Personal Assistant |  | Other-mental Health Professional |
|  | Speech and Language Therapist |  | Drama/Art/ Music therapist |  | Other Medical Professional |
| If you ticked any of the above boxes, please provide details below: | | | | | |

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| **Name** |  | **Telephone** |  |
| **Profession** |  | **E-mail** |  |

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| **Name** |  | **Telephone** |  |
| **Profession** |  | **E-mail** |  |

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| **Name** |  | **Telephone** |  |
| **Profession** |  | **E-mail** |  |

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| **Name** |  | **Telephone** |  |
| **Profession** |  | **E-mail** |  |

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| **Name** |  | **Telephone** |  |
| **Profession** |  | **E-mail** |  |

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| Section 9: Extra-Curricular Activities | | | |
| **Activity** |  | **Telephone** |  |
| **Organisation** |  | **E-mail** |  |
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| **Activity** |  | **Telephone** |  |
| **Organisation** |  | **E-mail** |  |
| **Contact** |  |  |  |

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| **Activity** |  | **Telephone** |  |
| **Organisation** |  | **E-mail** |  |
| **Contact** |  |  |  |

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| **Activity** |  | **Telephone** |  |
| **Organisation** |  | **E-mail** |  |
| **Contact** |  |  |  |

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| Section 10: Disabilities | | | |
| Do you consider yourself to have a disability? Yes No | | | |
| If you answered yes, please indicate below: | | | |
|  | Vision impairment |  | Mental Health difficulty |
|  | Hearing impairment |  | Emotional and behavioural difficulties |
|  | Disability affecting mobility |  | Other disabilities: |
|  | Multiple disabilities |  |
|  | Diabetes |
|  | Epilepsy |
|  | Asthma |

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| Section 11: Learning Difficulties | | | |
| Do you consider yourself to have a Learning difficulty? Yes No | | | |
| If you answered yes, please indicate below: | | | |
|  | Asperger’s Syndrome |  | Multiple learning difficulties |
|  | Autism Spectrum Disorder |  | Other Specific Learning Difficulty: |
|  | Dyscalculia |  |
|  | Dyslexia |
|  | Dyscalculia |
|  | Moderate Learning Difficulty |
|  | Severe Learning Difficulty |
| Do you have any of the following?    Please circle **EHCP LDA S139a** | | | |

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| Section 12: Privacy Notice | | | | | |
| How we use your personal information | | | | | |
| The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Department for Education, and the Education Funding Agency to meet legal responsibilities under the Apprenticeship, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well being related purposes, including for research.  Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at:  <https://www.gov.uk/publilcations/sfa-privacy-notice>  **Contact preferences:** Please tick any of the following boxes if you **do not** wish to be contacted | | | | | |
|  | About courses of learning opportunities |  | By post |  | By telephone |
|  | For surveys and research |  | By e-mail |  | By text |

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| Section 13: Learning Agreement and Declaration | | | |
| Learner Agreement | | | |
| * I understand that this document represents the learning agreement between Leighton College and myself * I have received appropriate information, advice and guidance which included guidance on the choice and suitability of the learning programme, the entry requirements and information on the support available. * I agree to follow Leighton College Student Code of Conduct * I will attend regularly and on time and will contact Leighton College if I cannot attend. * I declare that, to the best of my knowledge, the information provided on this form is correct and if my circumstance change, I will notify Leighton College. * I understand that Leighton College will store the information provided on this form in accordance with the Data Protection Act 1998 | | | |
| Signed  (learner) |  | Date |  |
| Signed  (Provider) |  | Date |  |