

Please ensure that all pages of this form are completed and that you sign overleaf. Use **BLOCK CAPITALS**.  
The details you provide on this application form are subject to GDPR and the Data Protection Act 2018.  
For further information please visit [www.esc.ac.uk](http://www.esc.ac.uk)

## PERSONAL DETAILS

Title:	First Name(s):	Surname:
Date of Birth: DD / MM / YYYY	Age on 31/08/20:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address:		
Postcode:		
Home Tel Number:	Personal Mobile Number:	
Email:	National Insurance Number:	

## PARENTAL CONTACT

Next of Kin/Carer Name:
Next of Kin/Carer Tel:
Next of Kin/Carer Email:
Next of Kin/Carer Name:
Next of Kin/Carer Tel:
Next of Kin/Carer Email:

Are you currently or have you recently been in foster care or in care of the local authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a registered young carer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## ETHNICITY DETAILS

Please tick one box which best describes your ethnic origin:  
(The College requires this information to monitor Applications with regard to its Equal Opportunities Policy)

### White

- English/Welsh/Scottish/Northern Irish/British (31)  
 Irish (32)  
 Gypsy or Irish Traveller (33)  
 Any other White background (34)

### Mixed/Multiple Ethnic Group

- White and Black Caribbean (35)  
 White and Black African (36)  
 White and Asian (37)  
 Any other Mixed/Multiple Ethnic background (38)

### Asian/Asian British

- Indian (39)  Pakistani (40)  
 Bangladeshi (41)  Chinese (42)  
 Any other Asian background (43)

### Black/African/Caribbean/Black British

- African (44)  Caribbean (45)  
 Any other Black/African/Caribbean background (46)

### Other Ethnic Group

- Arab (47)  Any other ethnic group (98)  
 Do not wish to declare (99)

## RESIDENCY DETAILS

Nationality:
Have you lived in the UK for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' please state which country you lived in previously:
Date of entry into UK: DD / MM / YYYY
Have you come to this country with the purpose of taking full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No

## DISABILITIES, MEDICAL CONDITIONS & LEARNING SUPPORT DETAILS

### Do you have a learning difficulty and need support with your learning?

Yes  No

#### If 'Yes' please tick below which applies to you:

- Autism Spectrum Condition (14)
- Dyscalculia (13)
- Dyslexia (12)
- Mild/moderate learning difficulty (10)
- Severe learning difficulty (11)

- Speech, language and communications needs (17)
- Other specific learning difficulty (94/96)

Please provide details: (eg Dyspraxia)

Do you have an you have an Education Health & Care Plan (EHCP)?:  Yes  No

### Do you have a disability or medical condition?

Yes  No  Prefer not to say (98)

#### If 'Yes' please tick below which applies to you:

- ADD/ADHD (95)
- Aspergers Syndrome (15)
- Asthma (95)
- Diabetes (95)
- Disability affecting mobility (06)
- Epilepsy (95)
- Hearing impairment (05)
- Mental health difficulty (09)

- Other physical disability (93)
- Profound complex disabilities (07)
- Social and emotional difficulties (08)
- Temporary disability after illness or accident (16)
- Visual impairment (04)
- Wheelchair User (06)
- Other disability (97) Please provide details:

Please specify the severity of your condition or state the main condition if you have ticked more than one box:

Do you think you require support or adaptations in College?  Yes  No

Please specify any prescribed medication you are taking:

Please list any allergies relevant to your proposed course:

## COURSE DETAILS

Please state which course(s) you wish to study as indicated in the course guide:

1.

2.

Please tick here if you are unsure about which course to choose and if you would like an Information, Advice and Guidance interview prior to application

What are your career or higher education aims? (if known):

## EDUCATION

Have you attended this College before?  Yes  No

If 'Yes', which course did you take?

Name of present or last school or college?

Address:

Postcode:

Dates of attendance (state Month and Year): From MM / YYYY to MM / YYYY

### Previous studies: Examinations taken or to be taken - if none, please write NONE

Subject and Level (BTEC/GCSE/AS/A Level or other qualification)	Grade Passed / Predicted	Year of Examination

## REFERENCE

Please provide the name and address of someone who could give you a reference. If you are at school or have left this year, this could be your Head Teacher or Head of Year/House. If you have a recent pupil reference from your school, please attach a copy to this form. If you are a mature student, please provide the name and address of a personal or work referee.

Title: First Name(s): Surname:

Address:

Postcode:

Daytime Tel Number:

Email:

## OTHER DETAILS

Do you have any unspent criminal convictions?  Yes  No

(If you tick 'yes' you will be contacted by a member of our Advice and Guidance team for further information. A criminal conviction may prevent you from enrolling on certain courses)

## MARKETING EVALUATION

Are you a current East Surrey College student?  Yes  No

Where have you seen marketing promotions for your course/ESC? (Please tick one option)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Billboard            | <input type="checkbox"/> Employer               | <input type="checkbox"/> Job Centre Plus | <input type="checkbox"/> Search Engine (eg Google) |
| <input type="checkbox"/> Bus Stop/Tram Advert | <input type="checkbox"/> Facebook/Instagram     | <input type="checkbox"/> Leaflet         | <input type="checkbox"/> Text Message              |
| <input type="checkbox"/> College Open Event   | <input type="checkbox"/> Family/Friend          | <input type="checkbox"/> LinkedIn        | <input type="checkbox"/> Twitter                   |
| <input type="checkbox"/> Course Guide         | <input type="checkbox"/> Former/Current Student | <input type="checkbox"/> Press Advert    | <input type="checkbox"/> Website                   |
| <input type="checkbox"/> Email                | <input type="checkbox"/> Hotcourses/Floodlight  | <input type="checkbox"/> School/College  | <input type="checkbox"/> Other: (please state)     |

## CONFIRM YOUR APPLICATION

I declare that to the best of my knowledge the information I have given is a true and correct record and I give my consent to East Surrey College processing this information in accordance with GDPR and the Data Protection Act 2018.

I understand that some of the information requested will be stored and may be made available to the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). For the purposes of the Data Protection Act 2018, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR)..

**Further to the above statement, East Surrey College requires permission from you to share your data with your secondary school for monitoring and research purposes.**

I give permission for my data to be shared with my secondary school, which will be used for reporting on student destinations once I have progressed onto higher education or work:

Yes  No

## IMAGERY

On occasion you may be photographed/filmed at an event, in your classroom or around the College. Your image, name and/or coursework may be used to celebrate student success or to promote courses and the work of the College.

I give permission for East Surrey College Corporation t/a Orbital South Colleges to publish my image, name and/or coursework in any printed and/or electronic promotional materials. The College will not utilise my personal data in a defamatory manner and shall keep it secure throughout the period of its use. I understand that I can withdraw my permission at any time although I am aware any such published material will not be recalled if I choose to withdraw my consent.

Yes  No

## STAYING IN TOUCH

Your privacy is important to us. We'd like to keep in touch so please complete your contact preferences below. (Please tick all that apply)

### I would be interested in receiving:

- Information about new courses
- Newsletters and details on upcoming events
- Research and surveys
- None of the above

### I am happy for the College to contact me by:

- Email
- Post
- Phone
- SMS (Text)

You can withdraw your permission for the use of your personal data at any time by emailing: [clientservices@esc.ac.uk](mailto:clientservices@esc.ac.uk). If you would like a more detailed explanation about GDPR changes and your right to be forgotten, visit: [www.ico.org.uk](http://www.ico.org.uk).

**I apply for admission as a student to East Surrey College.**

**I confirm that the information I have given is a true and correct record and I give my consent to East Surrey College processing this information in accordance with GDPR and the Data Protection Act 2018.**

Signature of Applicant:

Signature of Parent/Guardian (if under 16):

If you have any queries regarding this form, please contact Client Services on 01737 788444.

Return to: Client Services, East Surrey College, Gatton Point, London Road, Redhill, Surrey RH1 2JX

As part of its funding agreement with the Education and Skills Funding Agency (ESFA), East Surrey College courses are part or fully funded by the European Social Fund.



**European Union**  
European  
Social Fund

SUPPORTED BY  
**MAYOR OF LONDON**

OFFICE USE ONLY

EBS Number:

Reference Requested:

Date Received:

Reference Received:

Date Acknowledged: