



Application Form 2024/25

Please complete all sections in BLOCK CAPITALS and sign on last page.

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 or www.johnruskin.ac.uk.

OFFIC	DE USE ONLY
EBS:	

PERSONAL DETAILS									
Title: First	: Name(s):	Surname:							
Preferred Name:	Date of Birth: DI	O / MM / YYYY Ag	e on 31/8/24: Gender: □ M □ F □ Mx						
Current Address:									
			Postcode:						
Home Tel:		Mobile:							
Email:		National Insura	nce Number:						
NEXT OF KIN/GUARDIAN CONTACTS									
It is mandatory for thos	e aged 16-18 years old to provide <u>t</u>	<u>wo</u> next of kin∕gι	uardian contacts.						
Primary Next of Kin/Gua	ırdian Name:		\square Same address as above						
Relationship to student?									
Primary Next of Kin/Gua	rdian Tel:	Email:							
Secondary Next of Kin/G	Guardian Name:		☐ Same address as above						
Relationship to student?									
Secondary Next of Kin/Guardian Tel: Email:									
Are you currently or have	e you recently been in foster care or i	n care of the local	authority? ☐ Yes ☐ No						
If 'Yes', which Local Autl	hority looks after you?		Do you live independently? ☐ Yes ☐ No						
Name of social worker/s	support worker?		Are you a young carer? ☐ Yes ☐ No						
ETHNICITY DETAIL	.S								
(The College requires this White □ English/Welsh/Scottis □ Irish (32) □ Gypsy or Irish Travelle □ Any other White back Mixed/Multiple Ethnic G □ White and Black Caril □ White and Black Afric □ White and Asian (37)	ch/Northern Irish/British (31) er (33) ground (34) froup bbean (35) ean (36) ciple Ethnic background (38)	with regard to its I Asian/Asian Britisl Indian (39) Bangladeshi (4 Any other Asian Black/African/Car African (44)	Pakistani (40) Chinese (42) background (43) ibbean/Black British Caribbean (45) African/Caribbean background (46) P Any other ethnic group (98)						
RESIDENCY DETAIL	LS								
Nationality:									
Have you lived in the UK for the last 3 years? ☐ Yes ☐ No									
If 'No' which country did	you live in previously:								
Date of entry into UK:	DD/MM/YYYY								

DISABILITIES, MEDICAL CONDITIONS & LEARNING SUPPORT DETAILS							
Have you been diagnosed with a learning difficulty or disability or medical condition and need support with your learning?							
☐ Yes ☐ No ☐ Prefer not to say (98)							
Learning difficulty							
 □ Autism Spectrum Condition (14) □ Dyscalculia (13) □ Dyslexia (12) □ Mild/moderate learning difficulty (10) 	 □ Speech, language and communications needs (17) □ Other specific learning difficulty (96) Please provide details: (eg Dyspraxia) 						
☐ Severe learning difficulty (11)							
Disability or medical condition							
□ ADD/ADHD (95)	☐ Other physical disability (93)						
☐ Aspergers Syndrome (15)	☐ Profound complex disabilities (07)						
☐ Asthma (95)	☐ Social and emotional difficulties (08)						
□ Diabetes (95)	☐ Temporary disability after illness or accident (16)						
☐ Disability affecting mobility (06)	☐ Visual impairment (04)						
☐ Epilepsy (95)	☐ Other disability (97) Please provide details:						
☐ Hearing impairment (05)☐ Mental health difficulty (09)							
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						
Do you have an Education Health & Care Plan* (EHCP)? If Yes, who is your Local Authority?	☐ Yes ☐ No						
Are you known to a safeguarding or pastoral team?	□ Yes □ No						
Please specify any prescribed medication you are taking:							
Please list any allergies:							
* We will need a formal consultation with your home Local Authority before	ore arranging a course interview to be able to meet your support needs.						
COURSE DETAILS							
Where are you applying to study? (Tick one box only)							
☐ East Surrey College ☐ John Ruskin College							
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 East Surrey College or John Ruskin College before? ☐ Yes ESC ☐ Yes JRC ☐ No								
If 'Yes', which course did you	take?							
Name of present or last school	ol or college?							
Address:								
		Postcod	e:					
Dates of attendance (state Mo	onth and Year): from MM / YY	Y to MM/YYYY						
	nations taken or to be taken – BE/AS/A Level or other qualificati		Grade P / Predict	assed Year of ed Examination				
REFERENCE								
Please provide the name and a this could be your Head Teach	address of someone who could a ner or Head of Year/House. If you a mature student, please provide	have a recent pupil reference	ce from your sch	ool, please attach				
Title: First Nam	ne(s):	Surname:						
Address:								
	Postcode:							
Daytime Tel. Number:								
Email:								
DECLARATION OF CRI	MINAL CONVICTIONS							
Do you have any convictions defined by the Rehabilitation	s, cautions, reprimands, final w n of Offenders Act 1974 (Excep			not protected as				
☐ Yes ☐ No As a duty of care to staff and s	students, the College reserves th	ne right not to enrol a person	where there is e	vidence that they				
could be a threat or danger to	others. Declaring convictions m ve later become aware could res	ay not prevent you from beir	ng offered a plac	e but failure to				
MARKETING EVALUATION	ION							
Are you a current student of: Where have you seen marke	: (please tick box) ☐ East Setting promotions for your cours		Ruskin College ⁄)	□ Neither				
 □ Billboard □ Bus Stop/Tram Advert □ College Open Event □ Course Guide □ Email 	 □ Employer □ Facebook/Instagram □ Family/Friend □ Former/Current Student □ Hotcourses/Floodlight 	 □ Job Centre Plus □ Leaflet □ LinkedIn □ Press Advert □ School/College 	☐ Text M☐ Twitter☐ Websit	J				

CONFIRM YOUR APPLICATION

EBS Number:

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 the 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).

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 Corporation t/a Orbital South Colleges 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 Colleges. 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 Colleges 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 **MAILING LIST** We would like to keep you up-to-date with the latest news, events and course launches by joining our mailing list. ☐ Yes please, I'd like to join the mailing list ☐ No thanks, I don't want to join the mailing list I am happy for the College to contact me by: ☐ Email ☐ Post ☐ Phone You can unsubscribe at any time by clicking the link in the footer of our emails or by emailing marketing@esc.ac.uk. If you would like more information about GDPR, please visit the policy pages on our website or visit www.ico.org.uk. I apply for admission as a student to: (please tick one box) **■ East Surrey College ■ John Ruskin College** I confirm that the information I have given is a true and correct record and I give my consent to process this information in accordance with GDPR and the Data Protection Act 2018. Signature of Applicant: Signature of Parent/Guardian (if under 16): Date: Date: If you have any queries regarding this form, please contact Client Services. SUPPORTED BY **Education & Skills MAYOR OF LONDON Funding Agency** OFFICE USE ONLY Date Received: Reference Requested:

EAST SURREY COLLEGE, Client Services, Gatton Point, London Road, Redhill, Surrey RH1 2JX 01737 788444 | clientservices@esc.ac.uk | www.esc.ac.uk

Reference Received:

Date Acknowledged: