Dear Applicant,

Thank you for your interest in Capel Manor College. Please print the following application form (6 pages), complete all fields and send it to Admissions, FREEPOST RTYL-SULZ-LHAS. If you are aged 19yrs and over please include the £40.00 non-refundable Campus Fee.

This course also requires a personal reference and an interview with the course tutor. Please print the reference form (2 pages) and give to your tutor or employer. It is to be completed and returned to Admissions. Please try to ensure that your reference is sent to you prior to your interview date.

We are unable to process incomplete forms and they will be returned to you, this will result in a delay of securing your place on your chosen course.

Full details of the course are shown on the College website, where you can also find dates for our Advice Evenings and Open Days. If you require any further information or you need assistance with completing this application form, please contact Admissions on 0303 003 1234 or email us at study@capel.ac.uk

We look forward to hearing from you.

Kind regards,

Admissions
Capel Manor College

Application Form

Please complete all sections clearly and write in BLOCK CAPITALS

Return your completed form to:
Admissions, FREEPOST RTYL-SULZ-LHAS
Bullsmoor Lane, Enfield, Middlesex, EN1 4RQ
TEL: 0303 003 1234 EMAIL: study@capel.ac.uk WEB: www.capel.ac.uk

SECTION A: PERSONAL DETAILS

If you have studied at Capel Manor College before, please provide your student number (on your student ID card):

If you have previously been given a Unique Learner Number (ULN) please provide:

Title: Mr  Mrs  Miss  Ms  Other
Birth Gender: Male  Female
Preferred Gender: Male  Female

Surname/Family Name:

First Name/Given Name(s):

If you have changed your name in the last five years please specify:

Date of Birth:  ___ / ___ / ___  Age on 31 August 2019
National Insurance Number:

Home Address:

Postcode:  Email:

Borough/County:

The College uses text and email to contact students.
Please tick if you do not want to be contacted by e-mail  by text  by phone

Who should we contact in case of an emergency?
Name:  Relationship:  Tel No:

If you are under 18 please also complete the following section:
Name of Parent or Guardian:

Address: (If different from above)

Postcode:  Tel No:

SECTION B: COURSE FOR WHICH YOU ARE APPLYING

Please enter the academic year and the title and level of the course below. Circle the campus you wish to attend, the mode of attendance, the start term and weekday, taking the details from one of the Capel Manor College prospectus/es.

<table>
<thead>
<tr>
<th>Course Title and Level</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre</td>
<td></td>
</tr>
<tr>
<td>Brooks Farm</td>
<td></td>
</tr>
<tr>
<td>Crystal Palace</td>
<td></td>
</tr>
<tr>
<td>Enfield</td>
<td></td>
</tr>
<tr>
<td>Gunnersbury Park</td>
<td></td>
</tr>
<tr>
<td>Regent’s Park</td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
</tr>
<tr>
<td>Professional Short Course (PSC)</td>
<td></td>
</tr>
<tr>
<td>Day(s)</td>
<td></td>
</tr>
<tr>
<td>Mon  Tues  Wed  Thur  Fri  Sat  Start Term  Autumn - Spring - Summer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Title and Level</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre</td>
<td></td>
</tr>
<tr>
<td>Brooks Farm</td>
<td></td>
</tr>
<tr>
<td>Crystal Palace</td>
<td></td>
</tr>
<tr>
<td>Enfield</td>
<td></td>
</tr>
<tr>
<td>Gunnersbury Park</td>
<td></td>
</tr>
<tr>
<td>Regent’s Park</td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
</tr>
<tr>
<td>Professional Short Course (PSC)</td>
<td></td>
</tr>
<tr>
<td>Day(s)</td>
<td></td>
</tr>
<tr>
<td>Mon  Tues  Wed  Thur  Fri  Sat  Start Term  Autumn - Spring - Summer</td>
<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY:

1st Proof  Course Codes  Approved by  2nd Proof
Equal Opportunities

Capel Manor College values applications from all persons irrespective of disability, learning difficulty or ethnicity and we want all who may gain benefit from attending courses at the College to be able to do so. This declaration will not disadvantage any potential student in securing a place on a course at the College. Any information given will be treated confidentially and will only be used to offer you the support you need.

As part of the selection and recruitment process, you may be contacted by a member of the Student Services Team for a further interview.

SECTION C: DISABILITY (PLEASE TICK ALL THE BOXES BELOW AS APPROPRIATE)

- 98. No disability
- 2. Hearing impairment
- 3. Disability affecting mobility
- 4. Other physical disability
- 5. Other medical condition (for example epilepsy, asthma, diabetes)
- 6. Emotional/behavioural difficulties
- 7. Mental health difficulty
- 8. Temporary disability after illness or accident
- 9. Asperger's syndrome
- 10. Multiple disabilities
- 11. Visual impairment
- 12. Moderate learning difficulty
- 13. Profound/complex disabilities
- 14. Other medical condition (for example epilepsy, asthma, diabetes)
- 15. Emotional/behavioural difficulties
- 16. Mental health difficulty
- 17. Temporary disability after illness or accident
- 18. Asperger's syndrome
- 19. Multiple disabilities
- 20. Visual impairment
- 21. Moderate learning difficulty
- 22. Profound/complex disabilities
- 23. Other (Please State)

Does your disability/learning difficulty require support? [ ] Yes [ ] No

Did you get extra help at school? [ ] Yes [ ] No

If yes, what type of help did you receive (e.g. equipment, tutor support, in-class support etc)

Did you receive any help for your exams? [ ] Yes [ ] No

If yes, please state the concessions that were made

Do you have an Education Health Care Plan, a Transition Report or a School Action (Plus) statement? [ ] Yes [ ] No

If Yes, please attach a copy of the report.

SECTION D: LEARNING DIFFICULTIES/LEARNING SUPPORT NEEDS

- 98. No learning difficulty
- 2. Severe learning difficulty
- 3. Dyslexia
- 4. Dyscalculia
- 5. Other specific learning difficulty
- 6. Autism spectrum disorder
- 7. Moderate learning difficulty
- 8. Profound/complex disabilities
- 9. Other (Please State)

Does your disability/learning difficulty require support? [ ] Yes [ ] No

Did you get extra help at school? [ ] Yes [ ] No

If yes, what type of help did you receive (e.g. equipment, tutor support, in-class support etc)

Did you receive any help for your exams? [ ] Yes [ ] No

If yes, please state the concessions that were made

Do you have an Education Health Care Plan, a Transition Report or a School Action (Plus) statement? [ ] Yes [ ] No

If Yes, please attach a copy of the report.

SECTION E: ADDITIONAL INFORMATION

Are you in or have you been looked after by Local Authority care? [ ] Yes [ ] No

If yes, please state which Local Authority

Schooling was interrupted between the ages of 5 – 16 [ ] Yes [ ] No

Living in a hostel or other residential centre [ ] Yes [ ] No

Offender who is serving a sentence in the community (See Section F) [ ] Yes [ ] No

Do you have caring responsibilities or look after another person? [ ] Yes [ ] No

Are you receiving or have you recently received support from other professional services? [ ] Yes [ ] No

If yes, please provide the name of the service, the professional's name and contact number and the reason for the support:

Would you like to be invited for a confidential interview regarding issues which may impact on your learning? [ ] Yes [ ] No

SECTION F: CRIMINAL CONVICTIONS

The College has a duty of care, particularly to learners who are under 18 years of age. In view of this all applicants are required to declare criminal convictions.

All information given will be treated as sensitive data under the Data Protection Act and dealt with in accordance with our Equality and Diversity Policy and Admissions Policy.

Do you have a criminal conviction? (excluding fixed penalty driving offences) [ ] Yes [ ] No

Do you have any criminal allegations pending? [ ] Yes [ ] No

If you have answered yes to either of the above questions, you will be sent a Criminal Convictions Declaration form. Please complete this form and return it in the stamped addressed envelope provided. Your application form will not be processed until we are in receipt of this. If you deliberately give any untrue information you can be asked to leave the College programme immediately.

SECTION G: ETHNICITY

How would you describe your ethnic origin? (please tick the appropriate box)

- 31. English/Welsh/Scottish
- 32. Irish
- 33. Other White background
- 34. Northern Irish/British
- 35. White and Black Caribbean
- 36. White and Black African
- 37. White and Asian
- 38. Other mixed/multiple ethnic background
- 39. Indian
- 40. Pakistani
- 41. Bangladeshi
- 42. Chinese
- 43. Other Asian background
- 44. African
- 45. Caribbean
- 46. Other Black/African Caribbean background
- 47. Other (Please State)

Is English your first language? [ ] Yes [ ] No

If no, please specify

SECTION H: RELIGIOUS IDENTITY

What is your religious identity?

- 1. Christian
- 2. Buddhist
- 3. Hindu
- 4. No religion
- 5. Jewish
- 6. Muslim
- 7. Prefer not to say
- 8. Other, please state

SECTION I: SEXUAL ORIENTATION

Do you identify as?

- 1. Heterosexual
- 2. Lesbian/Gay
- 3. Bisexual
- 4. Don't wish to state
SECTION 3: EDUCATION

1. If you attended school(s) within the past five years, please state name(s) here: ____________________________

   Borough/County: ____________________________ Postcode: ____________________________

2. What college did you last attend?

   Borough/County: ____________________________ Postcode: ____________________________

SECTION K: PREVIOUS EDUCATION AND QUALIFICATIONS (PLEASE TICK ONE)

What is your highest level of educational qualification achieved so far?

- No formal qualifications
- Entry Level Basic Skills, ESOL Entry A, B, C, Access to FE
- Level 1: GCSE/O Level grades 1-3 (D-G)
- or less than 5 GCSE grade 4-9 (A-C) or predicted
- or 1 AS Level
- or CSE below grade 1
- or Progression Diploma Level 1
- Level 2: 5 or more GCSE/O Level grades 4-9 (A*-C) or predicted
- or 1 'A' Level
- or 2-3 AS Levels
- or other Level 2 (First Diploma, NVQ Level 2)
- or Progression Diploma Level 2
- Level 3: 2 or more 'A' Level
- or 4 or more AS Levels
- or other Level (e.g. BTEC National)
- Level 4: Teaching Qualification (e.g. PGCE)
- or First Degree
- or other Level 4 (e.g. HND, HNC, NVQ Level 4)
- Level 5: Higher Degree (e.g. MBA, MBSc or PhD)

I confirm I have an English GCSE 4-9 (A*-C) ☐ ☐
I confirm I have a Maths GCSE 4-9 (A*-C) ☐ ☐

List any relevant qualifications to support your application and why you are applying for the course; interests, experience, ambition etc:

[Blank space]

Personal Reference

The College requires personal references for courses requiring an interview (see College prospectus or the website). If the course for which you are applying is one of these, a Personal Reference form will have been included with the application form. Please forward the reference form to your referee as explained on the form. Enter the name of your referee and the date you sent the form to them below.

Name: ____________________________ Relationship: ____________________________ Date: __/__/____

SECTION L: NATIONALITY

1. Have you been NORMALLY RESIDENT in the UK/EU/EEA for the past 3 years (excluding temporary absence or holidays)?
   Yes ☐ ☐ No ☐ ☐

IF YES, GO TO SECTION N. IF NO, GO TO SECTION M

SECTION M: RESIDENCY

Please state the country you have been living in for the past 3 years:

Date of entry into the UK: __/__/____

Are you:
- An asylum seeker legally in the UK for 6 months or more pending consideration of a claim by the Home Office
- An asylum seeker refused asylum, but eligible for support, under Section 4 of the Immigration and Asylum Act
- A refugee, or a spouse/child of a refugee
- An international student
- Married to or in a recognized civil partnership with a person (with settled status) for a year or more

Date: __/__/____

Do you have:
- A home office or solicitor’s letter or an Application Registration Card (ARC)
- Fixed leave to remain
- Indefinite leave to remain
- Student Visa expiring on __/__/____

We will need to see appropriate official residency documentation and evidence of your marriage or civil partnership. Evidence needs to clearly state your residency status, the length of stay you have been granted and any limitations (if any). Please note that all letters must be original and no more than 6 months old.

OFFICE USE ONLY:

Residency checked by: ____________________________ Date: __/__/____

Type of Source of Evidence: ____________________________ Date: __/__/____
You must sign this section of the form, regardless of ticking any of the above.

Student’s signature:

You can agree to be contacted by other third parties by ticking any of the following boxes:

- [ ] I wish to be contacted about courses or learning opportunities
- [ ] I wish to be contacted in respect of surveys and research
- [ ] I wish to be contacted by email
- [ ] I wish to be contacted by phone
- [ ] I wish to be contacted by post

Refunds: Please note that the Campus Fee of £40 is non-refundable unless the College cancels the course.

We will require a confirmation letter from your employer if they are paying your course fees.

SECTION O: EMPLOYMENT

Please tick whichever employment situation applies to you – you do not need to fill in this section if you are a school leaver;

Are you currently in full time education/training: Yes [ ] No [ ]

If employed are you: [ ] Employed for more than 30 hours per week [ ] Employed for 16 – 30 hours per week [ ] Employed for less than 16 hours per week

If unemployed are you: [ ] Unemployed through redundancy [ ] Unemployed for other reasons than redundancy [ ] NEET

For how long have you been unemployed? [ ] Less than 6 months [ ] 6 – 11 months [ ] 12 – 23 months

Are you in receipt of: [ ] Job Seekers Allowance [ ] Employment and Support Allowance (ESA or WRAG)

Economically Inactive (including retired) [ ]

If you are applying for an Apprenticeship, do you have an employer? No [ ] Yes [ ] If yes please complete:

Company Name: ____________________________
Address: ____________________________
Postcode: ____________________________ Telephone No: ____________________________

SECTION P: SUMMARY OF FEE STATUS

Please tick any that apply to you if applicable:

- [ ] 14 – 16 years of age
- [ ] 16 – 18 years of age
- [ ] In receipt of Job Seekers Allowance
- [ ] In receipt of Employment and Support Allowance (WRAG or ESA)
- [ ] Applying for an Advanced Learning Loan
- [ ] 19+ paying full fees
- [ ] 19 – 23 years of age applying for first full Level 2 or 3

SECTION Q: PRIVACY NOTICE 2019-20 (correct at time of going to print)

How we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, 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). Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. Further information about use of and access to 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). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: https://www.gov.uk/government/publications/esfa-privacy-notice

You can agree to be contacted by other third parties by ticking any of the following boxes:

- [ ] I wish to be contacted about courses or learning opportunities
- [ ] I wish to be contacted in respect of surveys and research
- [ ] I wish to be contacted by email
- [ ] I wish to be contacted by phone
- [ ] I wish to be contacted by post

Student’s signature: ____________________________ Date: __________/________/________

You must sign this section of the form, regardless of ticking any of the above.
**PERSONAL REFERENCE**

Required for full-time applications, apprenticeships and all courses that require an interview

Please complete section 1 of this form yourself and then hand or send it to the person who will write your reference. This should be someone of standing, or in authority, who can independently comment on your personal qualities, normally your Head of Year/Tutor or Employer. Section 2 should not be completed by you, a friend or a member of your family. The College may ask you to provide a second reference if more information is required to support your application.

**SECTION 1 To be completed by the Applicant**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name/family name</th>
<th>Title (Miss/Mr/Mrs/Ms etc)</th>
<th>Date of birth</th>
<th>Title of course applied for</th>
</tr>
</thead>
</table>

**EDUCATION**

Examinations taken or to be taken

<table>
<thead>
<tr>
<th>SUBJECT/LEVEL</th>
<th>LEVEL</th>
<th>ACTUAL GRADE</th>
<th>YEAR TAKEN</th>
<th>PREDICTED GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2 To be completed by the Referee**

Please would you comment on the suitability of this applicant to undertake the course of study shown.

<table>
<thead>
<tr>
<th>Personal qualities of the applicant</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with peers/teachers/lecturers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of work produced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude to studies/work environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work in a team/group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress on course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCE STATEMENT

Please comment on the personal qualities and/or suitability of the applicant for the proposed course:

DATE OF ATTENDANCE/EMPLOYMENT FROM D D / M M / Y Y Y Y TO D D / M M / Y Y Y Y

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? Employer/Year Tutor/Headteacher/Other (please specify)

NAME OF REFEREE

SIGNATURE OF REFEREE

OCCUPATION

ADDRESS

TEL DATE D D / M M / Y Y Y Y

Thank you for completing this reference. Please return the form to Capel Manor College at the address shown.