

Capel Manor College

Bullsmoor Lane, Enfield, EN1 4RQ

Email: enquiries@capel.ac.uk

Website: www.capel.ac.uk

Principal: **Malcolm Goodwin FI Horticulture, FLS, QTLS**

Acting Vice Principal: **Christine Bianchin**

Dear **Applicant**,

Please print the following **application form** (4 pages), complete all fields and send it to Admissions at the above address.

If you are aged 19yrs and over please include the £40.00 non-refundable Campus Fee.

This application form is specific to the types of course for which you are applying and you should complete all sections of the form. **Incomplete forms will be returned to you and the delay may result in you losing your place.**

Full details of the course are shown on the college website. 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 enquiries@capel.ac.uk.

We look forward to hearing from you.

Kind Regards

Admissions



Capel Manor Centres at:

Enfield
08456 122 122

Gunnorsbury Park
020 8933 6266

Regent's Park
020 7466 7930

Crystal Palace Park
020 8778 5572



Capel Manor College

Application Form and Learning Agreement

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 4BR

TEL: 0303 003 1234 EMAIL: enquiries@capel.ac.uk WEB: www.capel.ac.uk

Date received:

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 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 2018

National Insurance Number:

Home Address: Home Telephone No:

Mobile Telephone No:

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 centre you wish to attend, the mode of attendance, the start term and weekday, taking the details from the Capel Manor College Prospectus.

Course Title and Level							Academic Year	<input type="text"/>
Centre	Brooks Farm	Crystal Palace	Enfield	Gunnerysbury Park	Regent's Park			
Attendance	Full-time	Part-time	Evening	Professional Short Course (PSC)	If PSC Start Date			
Day(s)	Mon	Tues	Wed	Thur	Fri	Sat	Start Term	September - January - April

Course Title and Level							Academic Year	<input type="text"/>
Centre	Brooks Farm	Crystal Palace	Enfield	Gunnerysbury Park	Regent's Park			
Attendance	Full-time	Part-time	Evening	Professional Short Course (PSC)	If PSC Start Date			
Day(s)	Mon	Tues	Wed	Thur	Fri	Sat	Start Term	September - January - April

OFFICE USE ONLY:	1st Proof	Course Codes	Approved by	2nd Proof
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 98. No disability | <input type="checkbox"/> 2. Hearing impairment | <input type="checkbox"/> 3. Disability affecting mobility | <input type="checkbox"/> 4. Other physical disability |
| <input type="checkbox"/> 5. Other medical condition (for example epilepsy, asthma, diabetes) | <input type="checkbox"/> 6. Emotional/behavioural difficulties | <input type="checkbox"/> 7. Mental health difficulty | |
| <input type="checkbox"/> 8. Temporary disability after illness or accident | <input type="checkbox"/> 9. Profound / complex disabilities | <input type="checkbox"/> 97. Other (Please State) | |
| <input type="checkbox"/> 10. Asperger's syndrome | <input type="checkbox"/> 90. Multiple disabilities | <input type="checkbox"/> 1. Visual impairment | |

SECTION D: LEARNING DIFFICULTIES/LEARNING SUPPORT NEEDS

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 98. No learning difficulty | <input type="checkbox"/> 2. Severe learning difficulty | <input type="checkbox"/> 10. Dyslexia | <input type="checkbox"/> 11. Dyscalculia |
| <input type="checkbox"/> 19. Other specific learning difficulty | <input type="checkbox"/> 20. Autism spectrum disorder | <input type="checkbox"/> 90. Multiple learning difficulties | <input type="checkbox"/> 1. Moderate learning difficulty |
| <input type="checkbox"/> 97. 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 a Statement of Educational Needs, 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 Offender who is serving a sentence in the community (See Section F)

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 If Yes, details should be given in a sealed envelope.

SECTION G: ETHNICITY

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 31. English/Welsh/Scottish Northern Irish/British | <input type="checkbox"/> 35. White and Black Caribbean | <input type="checkbox"/> 39. Indian | <input type="checkbox"/> 44. African |
| <input type="checkbox"/> 32. Irish | <input type="checkbox"/> 36. White and Black African | <input type="checkbox"/> 40. Pakistani | <input type="checkbox"/> 45. Caribbean |
| <input type="checkbox"/> 34. Other White background | <input type="checkbox"/> 37. White and Asian | <input type="checkbox"/> 41. Bangladeshi | <input type="checkbox"/> 46. Other Black / African Caribbean background |
| | <input type="checkbox"/> 38. Other Mixed / multiple ethnic background | <input type="checkbox"/> 42. Chinese | <input type="checkbox"/> 98. Other ethnic group |
| | | <input type="checkbox"/> 43. Other Asian background | |

Is English your first language? Yes No If No, please specify

SECTION H: RELIGIOUS IDENTITY

What is your religious identity?

- | | | | |
|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other, please state |

SECTION I: SEXUAL ORIENTATION

Do you identify as?

- | | | | |
|---------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian / Gay | <input type="checkbox"/> Bi-Sexual | <input type="checkbox"/> Don't wish to state |
|---------------------------------------|--|------------------------------------|--|

SECTION J: EDUCATION

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

Borough / County: Postcode:

3. 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?

<input type="checkbox"/> No formal qualifications	Level 2 <input type="checkbox"/> 5 or more GCSE/'O' Level grades A*-C or predicted	Level 4 <input type="checkbox"/> Teaching Qualification (e.g. PGCE)
<input type="checkbox"/> Entry Level Basic Skills, ESOL Entry A, B, C, Access to FE	<input type="checkbox"/> or 1 'A' Level	<input type="checkbox"/> or First Degree
Level 1 <input type="checkbox"/> GCSE/'O' Level grades D-G	<input type="checkbox"/> or 2-3 AS Levels	<input type="checkbox"/> or other Level 4 (e.g. HND, HNC, NVQ Level 4)
<input type="checkbox"/> or less than 5 GCSE grade A-C or predicted	<input type="checkbox"/> or other Level 2 (First Diploma, NVQ Level 2)	<input type="checkbox"/> Level 5 Higher Degree (e.g. MBA, MBSoc or PhD)
<input type="checkbox"/> or 1 AS Level	<input type="checkbox"/> or Progression Diploma Level 2	I confirm I have an English GCSE A*-C <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> or CSE below grade 1	Level 3 <input type="checkbox"/> 2 or more 'A' Level	I confirm I have a Maths GCSE A*-C <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> or Progression Diploma Level 1	<input type="checkbox"/> or 4 or more AS Levels	
	<input type="checkbox"/> or other Level (e.g. BTEC National)	

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

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

2. What is your nationality?

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 / /

