



Vocational Application Form 2018 - 2019

Learner Number:

If you would like to apply to study at Warrington & Vale Royal College then please complete **all** relevant sections of this form as indicated.

If you are unsure about which course you would like to study, then please contact our Careers Team on 01925 494660. Our Learner Services team are readily available to give you more advice and guidance. If you have any queries about your application to college, please contact Admissions on 01925 494647 or 494241.

Return the completed form to: **Admissions, Warrington & Vale Royal College, Winwick Road, Warrington, WA2 8QA**
Please complete in BLOCK CAPITALS using a black or blue ball point pen

This section must be completed by all applicants

Title (Mr/Mrs/Miss/Dr): Gender: Male Female

Last name:

First name(s):

Middle Name(s):

Date of Birth:

What will your age be on 31/08/2018:

NI number:

NB: NI Number must be provided for Apprenticeship students and those in receipt of state benefit.

What course would you like to study?

Full-time Part-time Apprenticeship (see section below)

If you are interested in applying for an Apprenticeship and already have an employer please list details below:

Employer:

Address:

Postcode:

Contact ☎:

Email:

Address:

Postcode:

Home ☎:

Mobile ☎:

Email:

Do you have a diagnosed learning difficulty or disability? Yes No

Learning Support

4	Visual impairment	<input type="checkbox"/>
5	Hearing impairment	<input type="checkbox"/>
6	Disability affecting mobility	<input type="checkbox"/>
7	Profound complex disabilities	<input type="checkbox"/>
8	Social and emotional difficulties	<input type="checkbox"/>
9	Mental health difficulty	<input type="checkbox"/>
10	Moderate learning difficulty	<input type="checkbox"/>
11	Severe learning difficulty	<input type="checkbox"/>
12	Dyslexia	<input type="checkbox"/>
13	Dyscalculia	<input type="checkbox"/>
14	Autism spectrum condition	<input type="checkbox"/>
15	Aspergers syndrome	<input type="checkbox"/>
16	Temporary disability after illness or accident	<input type="checkbox"/>
17	Speech, language and communication needs	<input type="checkbox"/>
97	ADHD / ADD	<input type="checkbox"/>
93	Dyspraxia	<input type="checkbox"/>
95	*Other medical condition (eg epilepsy, asthma etc)	<input type="checkbox"/>
96	*Other learning difficulty (please indicate below):	<input type="checkbox"/>
97	Other disability (please indicate below):	<input type="checkbox"/>

Please provide emergency contact / next of kin details:

Name:

Relationship:

Contact ☎:

If **aged 16-18** please provide your Parent / Guardian details:

Name:

Contact ☎:

Email:

Are you a current year 11 student? Yes* No

Are you currently in full-time education? Yes* No

*Name of school / college:

What is your nationality:

Please state the country you have been resident in for the last 3 years:

Date of entry into the UK:

NB: If you have lived outside of the UK, further details may be requested. Please have your passport and relevant documentation available.

*Please provide details:

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

This section must be completed by all applicants

Please indicate your ethnicity:

31	English / Welsh / Scottish / Northern Irish	<input type="checkbox"/>
32	Irish	<input type="checkbox"/>
33	Gypsy or Irish Traveller	<input type="checkbox"/>
34	Any other white background	<input type="checkbox"/>
35	Black and White Caribbean	<input type="checkbox"/>
36	Black and White African	<input type="checkbox"/>
37	White and Asian	<input type="checkbox"/>
38	Any other mixed / multiple ethnic background	<input type="checkbox"/>
39	Indian	<input type="checkbox"/>
40	Pakistani	<input type="checkbox"/>
41	Bangladeshi	<input type="checkbox"/>
42	Chinese	<input type="checkbox"/>
43	Any other Asian background	<input type="checkbox"/>
44	African	<input type="checkbox"/>
45	Caribbean	<input type="checkbox"/>
46	Any other black / African / Caribbean background	<input type="checkbox"/>
47	Arab	<input type="checkbox"/>
98	Any other ethnic group	<input type="checkbox"/>
99	Not known	<input type="checkbox"/>

Do you have any convictions, cautions, reprimands or final warnings (including spent convictions)? Yes No

If yes, please give brief details:

Please note: If you are applying for a course leading to working with children under 18, vulnerable adults, social services, uniformed services or the health service you should ask at the interview for advice as certain convictions may affect future employment in these areas.

If aged 16 - 19 please complete below

Do you receive Income Support? Yes No

Do you receive ESA with DLA? Yes No

Are you a child in Local Authority care / care leaver? Yes No

Would you like to speak to the Student Finance team regarding any of the following (please tick):

College bursary Yes No

Bus passes Yes No

Free College meals Yes No

What careers are you interested in?

What is your main reason for choosing Warrington & Vale Royal College?

Location Choice of course Reputation

How were you made aware of the College?

Flyer Brochure School

Newspaper Word of mouth Website

Email Previous student Facebook

Other

This section must be completed by all applicants

Subject	GCSE, A Level, C&G etc	Qualification Level	Year exam taken (or to be taken)	Grade (if known / predicted)

Personal Statement: Please provide any additional information which might support this application (eg prizes, awards, responsibilities, work experience, sporting achievements, musical/leisure interests and hobbies).

Declaration

I certify that the information I have supplied is correct. I consent to the college requesting a reference from the information I have supplied on this application and sharing relevant information with the Local Authority.

Signed:

Date:

This section to be completed by Learner Services staff

EBS Details: Input by (Initials): Application Details: Marketing Code:

For Apprenticeship Applications - Please Enclose Your CV