



APPLICATION FORM

Student Number: (Office use only)

Which campus are you applying for?

ASHFORD CAMPUS ☐

WEYBRIDGE CAMPUS ☐

If a current student, your Unique Learner Number:

Which year are you applying for:

☐ Sept 2018

☐ Sept 2019

PERSONAL DETAILS

Title: (please tick) ☐ Mr ☐ Miss ☐ Ms ☐ Mrs

First name:

Surname:

Home Tel No:

Address:

Mobile No:

Postcode:

If student is under 18

Date of birth: Age:

Name of Parent/Guardian:

Contact Tel No of Parent/Guardian:

Email:

COURSE YOU ARE APPLYING FOR

1st course choice:

2nd course choice:

Unsure of which course to take?

Tick here if you would like to request a guidance discussion if you are unsure about which course to take: ☐

Career ambition (if known):

Are there any specific dates when you would be **unable** to attend an interview?

ETHNICITY

Please tick **one**:

WHITE

31 ☐ English/Welsh/Scottish/Northern Irish/British

32 ☐ Irish

33 ☐ Gypsy or Irish Traveller

34 ☐ Any other White background

BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

44 ☐ African

45 ☐ Caribbean

46 ☐ Any other Black/African/Caribbean background

OTHER ETHNIC GROUP

47 ☐ Arab

98 ☐ Any other ethnic group

MIXED / MULTIPLE ETHNIC GROUP

35 ☐ White and Black Caribbean

36 ☐ White and Black African

37 ☐ White and Asian

38 ☐ Any other mixed/multiple ethnic background

ASIAN / ASIAN BRITISH

39 ☐ Indian

40 ☐ Pakistani

41 ☐ Bangladeshi

42 ☐ Chinese

43 ☐ Any other Asian background

LOOKED AFTER CHILDREN QUESTION

Are you in the care of the Local Authority or Leaving Care Team? ☐ Yes ☐ No

CARING RESPONSIBILITIES

Do you have Parent/Carer responsibilities ☐ Yes ☐ No

RESIDENCY

Nationality:

Length of time living in the UK:

Country where you normally live:

Date of entry to UK if within the last 3 years: / /

SCHOOL/COLLEGE DETAILS

Are you currently a full time student at Brooklands College? (if **yes** please tick) ☐

Are you currently in ☐ Year 10 or ☐ Year 11 (please tick one if relevant)

We will write to your school to request a reference.

Name and address of most recently attended school/college:

Leaving date:

Exams to be taken or already obtained:

Subject and Qualification	Grade Predicted	Grade Obtained	Year	Subject and Qualification	Grade Predicted	Grade Obtained	Year

DISABILITIES, MEDICAL CONDITIONS AND LEARNING SUPPORT

Please complete the following section to help us ensure we have the best support in place for you while studying at the College

Do you have a disability or medical condition? ☐ Yes ☐ No

If **yes** please tick below:

- 04 ☐ Visual impairment

05 ☐ Hearing impairment

06 ☐ Disability affecting mobility

07 ☐ Profound complex disabilities

08 ☐ Social and emotional difficulties

09 ☐ Mental health difficulty

10 ☐ Moderate learning difficulty

11 ☐ Severe learning difficulty
- 12 ☐ Dyslexia

13 ☐ Dyscalculia

14 ☐ Autism spectrum disorder

15 ☐ Asperger’s syndrome

16 ☐ Temporary disability after illness or accident

17 ☐ Speech, language & communication needs

93 ☐ Other physical disability
- 94 ☐ Other specific learning difficulty (e.g. dyspraxia)

95 ☐ Other medical condition (e.g. epilepsy, asthma, diabetes)

96 ☐ Other learning difficulty (please state)

97 ☐ Other disability (please state)

98 ☐ Prefer not to say

Did you receive extra support when you studied before? ☐ Yes ☐ No

Do you have an EHC Plan? ☐ Yes ☐ No

Do you need any specialist equipment? ☐ Yes ☐ No

Please tick relevant circles if you feel you will need extra support in any of the following to successfully complete your course:

- ☐ Maths
- ☐ English
- ☐ ESOL
- ☐ Other

OTHER

Do you have a criminal record? ☐ Yes ☐ No Reason for this (Child Protection Purposes)

WHERE DID YOU HEAR ABOUT BROOKLANDS COLLEGE?

- ☐ Internet

☐ Radio

☐ Word of mouth

☐ School

☐ Other
- ☐ Social Media

☐ Friends/Family

☐ Leaflet

☐ Newspaper Advert

Please specify:

Do you have a brother or sister aged between 13-15? ☐ Yes ☐ No

I declare to the best of my knowledge that the information I have given is a true and correct record.

Signature of applicant:

Date:

Information provided on this form is held in accordance with the Data Protection Act 1998 and is used for the purpose of student administration and marketing.

Please return your application form to the relevant campus for your course:

Brooklands College - Weybridge Campus - Heath Road, Weybridge, Surrey KT13 8TT
Brooklands College - Ashford Campus - Stanwell Road, Ashford, Middlesex TW15 3DU
Large print application form available on request

If you have any questions please contact our Admissions Team on 01932 797 797 or email info@brooklands.ac.uk