



## APPLICATION FORM

Student Number:  
(Office use only)

Which campus are you applying for?

ASHFORD CAMPUS

WEYBRIDGE CAMPUS

Which year are you applying for:

Sept 2019

Sept 2020

If a current student,  
your Unique Learner Number:

### PERSONAL DETAILS

Title: (please tick)  Mr  Miss  Ms  Mrs

First name:

Surname:

Address:

Postcode:

Date of birth:

Age:

Home telephone number:

Mobile number:

#### If student is under 18

Name of parent/guardian:

Contact telephone number  
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:

Time living in the UK:

Country where you normally live:

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

/ /

## 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

continued overleaf...

## DISABILITIES, MEDICAL CONDITIONS AND LEARNING SUPPORT (continued)

- 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):

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 2018 and is used for the purpose of student administration and marketing.

For further information about the use of and access to your personal data, please see the Privacy Policy on the college website.

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

### Brooklands College - Weybridge Campus

Heath Road, Weybridge,  
Surrey KT13 8TT  
01932 797 797  
info@brooklands.ac.uk

### Brooklands College - Ashford Campus

Stanwell Road, Ashford,  
Middlesex TW15 3DU  
01932 797 600  
info@brooklands.ac.uk

If you have any questions please contact our Admissions Team on 01932 797 797 or email [admissions@brooklands.ac.uk](mailto:admissions@brooklands.ac.uk)