

ETHNICITY (ALL APPLICANTS TO COMPLETE)

This information will be treated with the strictest of confidence and is used to ensure that our provision is meeting the needs of the community. Please tick the box that most applies to you.

- | | | | |
|---|--|--|--|
| White | Mixed/multiple ethnic group | Asian/Asian British | Black/African/Caribbean/Black British |
| <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"/> 33 Gypsy or Irish traveller | <input type="checkbox"/> 37 White and Asian | <input type="checkbox"/> 41 Bangladeshi | <input type="checkbox"/> 46 Any other black / African / Caribbean background |
| <input type="checkbox"/> 34 Any other white background | <input type="checkbox"/> 38 Any other mixed / multiple ethnic background | <input type="checkbox"/> 42 Chinese | Other ethnic background |
| | | <input type="checkbox"/> 43 Any other Asian background | <input type="checkbox"/> 47 Arab |
| | | | <input type="checkbox"/> 98 Any other ethnic group |

STUDENT SUPPORT (ALL APPLICANTS TO COMPLETE)

I consider myself to have Special Educational Needs or Disabilities Yes No

Please tick which category of S.E.N.D that you think applies to you below.

- | | | |
|---|--|---|
| <input type="checkbox"/> 04 Visual impairment | <input type="checkbox"/> 12 Dyslexia | <input type="checkbox"/> 93 Other physical disability |
| <input type="checkbox"/> 05 Hearing impairment | <input type="checkbox"/> 13 Dyscalculia | <input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia) |
| <input type="checkbox"/> 06 Disability affecting mobility | <input type="checkbox"/> 14 Autism spectrum disorder | <input type="checkbox"/> 95 Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> 07 Profound/complex disabilities | <input type="checkbox"/> 15 Asperger's syndrome | <input type="checkbox"/> 96 Other learning difficulty |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 16 Temporary disability after illness or accident | <input type="checkbox"/> 97 Other disability |
| <input type="checkbox"/> 09 Mental health difficulty | <input type="checkbox"/> 17 Speech, language and communication needs | <input type="checkbox"/> 98 Prefer not to say |
| <input type="checkbox"/> 10 Moderate learning difficulty | | |
| <input type="checkbox"/> 11 Severe learning difficulty | | |

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

Please tell us what additional support you believe you will need in relation to your S.E.N.D needs.

CRIMINAL CONVICTIONS (ALL APPLICANTS TO COMPLETE)

Kirklees College welcomes applications from ex-offenders and considers them on their merits. However, you are required to tell us about any convictions which are not spent under the Rehabilitation of Offenders Act (1974).

Do you have an unspent criminal conviction(s) or prosecutions pending Yes No

Please note: you do not need to tick the yes box if your criminal conviction is spent as defined by the Rehabilitation of Offenders Act 1974.

MORE ABOUT YOU (ALL APPLICANTS TO COMPLETE)

Are you currently, or have you spent any time in local authority care in the last 2 years Yes No

Are you a young parent (under 20)? Yes No Do you receive free school meals? Yes No

Are you under 26 and currently have caring responsibility for a family member or friend? Yes No

APPRENTICESHIP APPLICANTS ONLY

Have you already found employment for your Apprenticeship? If yes please provide details below:

Name of company:

Contact name:

Contact number:

YOUR PERSONAL STATEMENT (ALL APPLICANTS TO COMPLETE)*

The information you provide in this section will be used in your interview as part of discussions so please answer each question as fully as possible. *Current students applying for Higher Education courses do not need to complete this section.

Why have you chosen to study this course or Apprenticeship? Do you have a specific career aim in mind for the future?

Tell us about any of your achievements e.g. sports teams, voluntary work, success in school, extra curriculum activities.

What are your hobbies and interests outside of study?

Disclaimer

Kirklees College reserves the right to amend, withdraw, cancel, alter or amalgamate any or part of the course, location, facilities or costs at any time. Please be aware the location of some of the courses offered could be subject to change between the time of application and actual start date. All courses run subject to enrolment of minimum numbers of students.

