

For office use only
Reference No:



The course or activity that you are undertaking is being partly financed by the European Social Fund (ESF), through a programme called co-financing.
 European Union
European Social Fund

KIRKLEES COLLEGE APPLICATION 2020/2021

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS.

PERSONAL DETAILS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Surname: <input style="width: 100%;" type="text"/> Forename: <input style="width: 100%;" type="text"/> Date of birth: <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Telephone (home): <input style="width: 100%; height: 20px;" type="text"/> E-mail: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Address: Postcode: <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> Years at address: <input style="width: 30px; height: 20px;" type="text"/> Mobile: <input style="width: 100%; height: 20px;" type="text"/>
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PLEASE ENSURE YOU PROVIDE ACCURATE PHONE/MOBILE AND EMAIL DETAILS FOR CORRESPONDENCE SUCH AS TEXT ALERTS.

CENTRE / COURSE APPLYING FOR (ALL APPLICANTS TO COMPLETE)

Applications for all centres are processed at our main Huddersfield Centre. When your application form is complete you need to return it to the address on the back page of this form. Please tick which centre you wish to study at:

Dewsbury centres <input type="checkbox"/> For courses at: Pioneer Higher Skills Centre and Springfield Sixth Form Centre	or	Huddersfield centres <input type="checkbox"/> For courses at: Huddersfield Centre, Brunel Construction Centre, Engineering Centre, Hargate Hill Equestrian Centre, Process Manufacturing Centre and Taylor Hill Centre
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Please indicate the type of course you are applying for:

I am applying for a full time course OR I am applying for an Apprenticeship

If you have seen an apprenticeship vacancy **on our website** that you are interested in, please list the job codes in the space below instead of course choice.

Or I am applying for a part time course (following courses only)

- | | |
|--|--|
| Supporting Teaching and Learning in Schools
Children and Young People's Workforce
Early Years Educator
Cover Supervisor of Pupils in School | Teaching and Training qualifications
Counselling level 2, 3 and 4
Higher Education part time |
|--|--|

Course title or job code	Level of study
First choice:	
Second choice:	

NB: you will only be interviewed for your second choice of course if you are not successful in your first choice or you specifically request an interview for both courses.

Date received	FOR OFFICE USE ONLY			Notes
	Shortlisted by (initials)	ALS <input type="checkbox"/>	Int Supp <input type="checkbox"/>	
	CC <input type="checkbox"/>	YP <input type="checkbox"/>	Input / ACK / Initials	
LAC <input type="checkbox"/>	YC <input type="checkbox"/>	Ref: Req <input type="checkbox"/> Recvd. <input type="checkbox"/>	File log No:	

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.

If you feel you need any support when you come for your interview, please tell us what would help you.

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

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

QUALIFICATIONS (ALL APPLICANTS TO COMPLETE)

Please make sure you have double checked that you meet the minimum entry criteria for the course(s) you are applying for. All applications are shortlisted based on the information you provide in this section. If you are currently awaiting the results of a qualification please provide the predicted grade. If you have already achieved a result then please provide the grade and year achieved. *(Use additional sheet if necessary).*

Level/award (eg. GCSE/BTEC)	Subject	Predicted grade	Achieved grade	Year achieved
	ENGLISH LANGUAGE			
	ENGLISH LITERATURE			
	MATHS			

EDUCATION / TRAINING DETAILS

Are you currently: in education or in training

If in education/training please provide details below:

REFERENCES (ALL APPLICANTS TO COMPLETE)

ALL APPLICANTS MUST PROVIDE A REFEREE. If you are currently in education or training, then we will contact them for a reference. You must provide the full name and address or email in the referee box below. Failure to supply this may delay your application/interview. All other applicants should provide the name and address or email of a contact who will be able to supply you with a reference, please note this cannot be a relative or someone you live with.

WHERE POSSIBLE, PLEASE ATTACH YOUR COMPLETED REFERENCE WITH YOUR APPLICATION FORM.

REFEREE *(Full name, address and email address needed)*

IF YOU DO NOT PROVIDE THIS WE CANNOT PROCESS YOUR APPLICATION.

Name:

Address:

Postcode:

Email:

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.

YOUR PERSONAL STATEMENT (ALL APPLICANTS TO COMPLETE)

Please use this space to tell us a bit about yourself, your achievements, your hobbies and why you have chosen to study this course.

SIGNATURE (ALL APPLICANTS TO COMPLETE)

I agree to Kirklees College processing and using the data contained in this form. **I agree** that the information provided on this form is accurate and true. **I agree** with my details being passed to potential employers for jobs vacancies. **I agree** to Kirklees College sharing my details with relevant organisations to support my application. **I agree** to Kirklees College contacting my named referee above for verification/information of my education/employment record or to provide a personal reference.

Signature of applicant

Date

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.

PLEASE RETURN THIS FORM TO:

Applications team, Kirklees College, Waterfront Quarter, Manchester Road, Huddersfield HD1 3LD.
Tel: 01484 437033 Email: applications@kirkleescollege.ac.uk