

19-25 EDUCATION APPLICATION FORM

Full-time study programme

Version 1.5



Believing is Achieving

STRIVE @ The Hive

Surname / Family Name

First Name(s)

Title (please delete)

Mr / Miss

Date of Birth

Address

Post Code

Telephone Number (day)

Telephone Number (evening)

National Insurance Number (Do not leave blank)

Email address

In which country are you normally resident?

Nationality

Ethnic Origin

Have you been resident in the UK for the last three years for other than educational purposes?

(please delete)

Yes / No

If no, date of entry to UK

from which country

DISABILITIES

Please give details of your special educational needs and / or disabilities.

Do you have an EHCP? (please delete) **Yes / No**

LEARNING REQUIREMENTS

Please give details about the support you require to meet your needs.

EDUCATION TO DATE

Name and address of the most recent school / college / university	From	To	Part-time or Full-time
	Month Year	Month Year	

ABOUT YOU

We would like to know more about you and have left this space for a brief outline about your spare time interests and aspirations. Tell us what you like, dislike, who is in your family and what you enjoy doing in your community.

How did you find out about The Hive College?

Friends/Relations _____ Website _____ School _____

Careers _____ Radio advert – Which station? _____

Careers Convention _____ Newspaper advert – Which newspaper? _____

CRIMINAL CONVICTIONS

Do you have any criminal convictions?

(please delete) **Yes / No**

if Yes, please outline details here, including dates of convictions.

DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information that has been requested has been omitted. I give consent to the data being processed for administrative purposes as required, in accordance with the Data Protection Act 1998. For some career pathways within the 19-25 Education Programme a Disclosure and Barring Service (DBS replaces the Criminals Record Bureau) check will have to be undertaken. I give consent to this check to take place when necessary.

Completed by:

Relationship to Applicant:

Signature:

Date

Please return this application to:

The Hive College Admissions
Wilson Stuart UCB Partnership Trust
Perry Common Road
Erdington
Birmingham
B23 7AT

FOR INTERNAL USE *Applicants should ignore this section*

Date application received:

Date application acknowledged:

Date of interview:

Applicant attended open day