

19-25 EDUCATION APPLICATION FORM

Full-time study programme

Version 1.5



Believing is Achieving

THRIVE @ 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	

Qualifications gained to date

Exam Date		Subject	Level: O, GCSE, A, A/S, NVQ, GNVQ, ND
Month	Year		

Examinations to be taken, or with results pending

Exam Date	Subject	Level: O, GCSE, A, A/S, NVQ, GNVQ, ND
Month Year		

WORK EXPERIENCE

Please give brief details of any work experience you have done. Please include training schemes, part-time and full-time employment and voluntary work.

We would like to know more about you and have left this space for you to write briefly about your spare time interests, career plans and what you hope to achieve in the future. Please add an additional sheet if required.

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.

Signature of Applicant

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