

Centre:	
Student Reference Number:	
Unique Learner Number (ULN):	

2017/18 Application Form

Centre Code: North	(YO) York (SC) Scarborough	(BR) Bradford (WA) Wakefield	(LE) Leeds	Return your completed form to: Student Records, Askham Bryan College, Askham Bryan, YORK YO23 3FR For queries please contact: Student Records on Tel 01904 772211
Centre Code: Cumbria & North East	(PE) Penrith (MI) Middlesbrough	(NE) Newcastle (HE) Hexham		

Please complete all sections clearly in black ink and in BLOCK CAPITALS.
 If you have not heard from us within 10 working days of sending your form please contact Student Records (see above)

Part 1 Course(s) applied for - Please indicate where and which course/s you would like to study. Please tick all that apply.

Centre Code	Level	Course Title	Year Wish to Start	Full-time	Part-time	Apprenticeship	Studied before
e.g. YO	3	Extended Diploma Agriculture	2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attended a course at this College before? Yes No Year attended: _____

Part 2 Personal details – Please give your full legal name.

Title:	Forenames or given name:	Surname or family name:
Preferred or familiar name (if different):		Previous surname or family name:
Date of birth: / /	Age on 31 st Aug 2017:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
National Insurance (NI) Number (ONLY required for apprentices and those in receipt of active benefits):		
Nationality:	Country of residence for the last 3 years?	England <input type="checkbox"/> Other <input type="checkbox"/> (please state) _____

Part 3 Home address and contact details

Home address:

Postcode:

Home phone:	Incl. STD (code)	Personal mobile:
Personal e-mail:		

Part 4 Emergency contact details - Please provide the details of someone we can contact in case of an emergency. This should be your parent/guardian if you are under 18 and your next of kin if you are 18 or over. The person must know they are your emergency contact.

Full name:	Address: if same as above tick here <input type="checkbox"/> Postcode:	
Relationship to you:		
Contact phone:		Incl. STD (code)
Mobile:		
e-mail:		

Part 5 Education details

Name of school attended at age 16:	Town/City:
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Part 6 Ethnic origin – for equality of opportunity monitoring, please tick one box to describe your cultural background (groups based on the 2011 census).

White		Mixed		Asian or Asian British		Black or Black British		Other Ethnic Group	
English/Welsh/Scottish /Northern Irish/British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black	<input type="checkbox"/>		
Other White	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	Chinese	<input type="checkbox"/>				
				Other Asian	<input type="checkbox"/>				

Part 7 Employment details - Please only complete if you are 19 or over or applying for an Apprenticeship.

What is your employment status?	Not in paid employment, not looking for work and/or not available to start work	<input type="checkbox"/>
	Not in paid employment, looking for work and available to start work	<input type="checkbox"/>
	In paid employment or self-employment	<input type="checkbox"/>

Part 8 Your job - Please only complete if you are applying for an Apprenticeship or your employer is paying your fees. To be eligible for an Apprenticeship you will need to be: employed for a minimum of 30 hours per week; have a contract with your employer; and have an Apprenticeship Agreement.

Company name:	Your job title:
Company address:	Supervisor's name:
	Supervisor's job title:
Postcode:	Supervisor's phone: Incl. STD (code)
	Supervisor's email:

