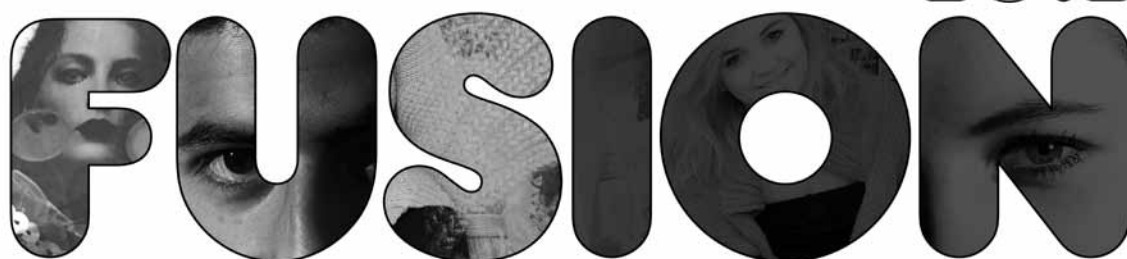


APPLICATION FORM

2012

FUSION



APPLICATION FOR ADMISSION TO A FULL-TIME COURSE



APPLICANTS UNDER THE AGE OF 19 (15 HOURS PER WEEK OR MORE)

Please return completed form to: Student Services, Southport College, Mornington Road, Southport PR9 0TT

PLEASE WRITE IN BLOCK CAPITALS (USING BLACK INK)

ABOUT YOU

Surname: _____ First name(s): _____

Male Female Date of birth: _____ Age: _____

Address: _____

Postcode: _____ email address: _____

Telephone number: _____

Mobile number: _____

Nationality: _____ Have you been resident in the UK or EU for the last three years? Yes No

Which ethnic group would you say you belong to?: _____

- | | | | |
|---|--------------------------|---|--------------------------|
| English/Welsh/Scottish/ Northern Irish/ British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Gypsy or Irish Traveller | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any other white background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| White and Black Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Any other Black/African/ Caribbean background | <input type="checkbox"/> |
| Any other mixed/ multiple ethnic background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |

YOUR EDUCATION

Previous school/college/establishment: _____

from: _____ to: _____

Address: _____

YOUR COURSE CHOICE

Which course(s) would you like to study at Southport College? _____

1. _____

2. _____

If you are unsure, would you like an interview for both courses? Yes No

If you would like a guidance interview to help you choose or decide which course to apply for, then please contact

Student Services on 0845 00 66 236

If you are a student at this college, please indicate your current course: _____

MORE ABOUT YOU

Hobbies and interests (eg sport, music), achievements and work experience: _____

FOR YOUR TEACHER OR EQUIVALENT TO COMPLETE (OR RETURN THE FORM TO US)

REFERENCE REQUEST

Applicant's name: _____

Date of birth: _____

- | | | | | |
|-------------------------------|---|--|---|---|
| 1. Level of academic ability: | High <input type="checkbox"/> | Above average <input type="checkbox"/> | Average <input type="checkbox"/> | Below average <input type="checkbox"/> |
| 2. Level of practical skills: | High <input type="checkbox"/> | Above average <input type="checkbox"/> | Average <input type="checkbox"/> | Below average <input type="checkbox"/> |
| 3. Level of motivation: | High <input type="checkbox"/> | Above average <input type="checkbox"/> | Average <input type="checkbox"/> | Below average <input type="checkbox"/> |
| 4. Work in groups/teams: | Highly effective <input type="checkbox"/> | Effective <input type="checkbox"/> | Competent <input type="checkbox"/> | Ineffective <input type="checkbox"/> |
| 5. Work independently: | Highly effective <input type="checkbox"/> | Effective <input type="checkbox"/> | Competent <input type="checkbox"/> | Ineffective <input type="checkbox"/> |
| 6. Attendance record: | Excellent <input type="checkbox"/> | Above average <input type="checkbox"/> | Average <input type="checkbox"/> | Below average <input type="checkbox"/> |
| 7. Punctuality record: | Excellent <input type="checkbox"/> | Above average <input type="checkbox"/> | Average <input type="checkbox"/> | Below average <input type="checkbox"/> |
| 8. Discipline record: | Excellent <input type="checkbox"/> | Acceptable-minor
problems resolved <input type="checkbox"/> | Minor problem
semi-resolved <input type="checkbox"/> | Significant problems
semi-resolved or
unresolved <input type="checkbox"/> |

9. How would you describe his/her level of confidence? _____

10. In your view would this applicant benefit from further guidance regarding choice/level of course? Yes No

11. What is special about this applicant? (as a person, additional/extra curricular achievement, interests, hobbies, sporting activity, talents etc.)

SUPPORT NEEDS

Please tick the following as appropriate:

Does the applicant currently receive support? Yes No

If yes, please indicate type of support:

- Reduced class size Whole class support 1:1 support
Other

If other please state: _____

Number of hours of support per week

What issues are addressed by the current support?

Do you believe the applicant would require support in order to complete the course they have applied for? Yes No

If yes, please give reasons:

Signature: _____

Position: _____

Date: _____

IMPORTANT INFORMATION

Applications and Enrolments 2012/13

FEEL SAFE

As a College our community includes a substantial number of young people (aged 14-18) and vulnerable adults. For this reason and as part of our on-going commitment to safeguarding and to provide a safe environment to learn, study and work we are asking all applicants if they have any relevant convictions.

WHAT DO WE MEAN BY RELEVANT CONVICTIONS?

Relevant convictions are violent offences against the person, or offences of a sexual nature.

At the bottom of this page there is one question to complete which asks if you have any relevant convictions. You must answer this question as part of your application.

WHAT HAPPENS IF YOU TICK 'NO' YOU DON'T HAVE A RELEVANT CONVICTION?

If you tick 'no' then no further information will be asked of you. However, if you did tick 'no' and it is found subsequently that you have a relevant conviction as described above then the College would have the right to terminate the learner agreement with you.

WHAT HAPPENS IF YOU TICK 'YES' YOU HAVE A RELEVANT CONVICTION?

If you tick yes you have a relevant conviction you will not automatically be excluded from applying and enrolling at the College. A place on the course will be provisionally held for you and no fees will be taken. You will be given or sent an Additional Information Pack and will be asked to return it to the College's Safeguarding Officer.

The information that you provide on the 'Additional Information form' will be considered by the College Safeguarding Team. You may be invited in to discuss its content and/or be contacted by the Team directly. You will then be advised if your application and/or enrolment can proceed.

'FIT TO PRACTICE - CRB CHECKS'

If you have a criminal conviction and are applying for a course which involves a placement or are looking for employment long term, you need to be aware that certain convictions for offences will prevent you from doing so.

I do/do not* have a relevant conviction as described above. *Delete as appropriate

I agree to inform the College if after enrolment I am subject to any criminal convictions. Failure to do so could give the College the right to terminate my Learner Agreement.

Name: _____ Postcode: _____

Signature: _____ Date of Birth: _____ Date: _____

In order for us to identify any support you may require, please tick as appropriate.

I am, or have been, linked with the Youth Offending Service

Yes No

INTERVIEW RECORD SUMMARY

FOR COLLEGE USE ONLY

Date of interview: _____

Information to be discussed with student (please tick appropriate boxes):

Entry requirements of the course

Leaflet/course structure

Fit to practice

Methods of assessment

Expectations, homework, coursework

Equipment list, cost of trips, placement clothing

Financial Support: information advice sheet

Start date of course: _____

Comments: suitability for course, work experience, personal qualities, skills, interests and NRA

Career/HE intentions:

Additional Support present at interview (please tick)

Yes

to contact student

INSTRUCTIONS TO ADMISSIONS OFFICER

Course title and Level: _____

Unconditional offer

Conditional offer

Conditions: _____

Refer to Additional Support

Not to be offered place

Refer to Guidance

Please state reason and inform applicant:

Signature of Admissions Tutor: _____

Date: _____

Name (please print): _____

FURTHER INSTRUCTIONS FOLLOWING RECEIPT OF REFERENCE

Confirm offer

Refer to Head of Student Services/Advice and Guidance Coordinator

Call in for second interview with/without Additional Support