

APPLICATION FOR A FULL-TIME PROGRAMME 2020–21



All sections must be completed by the applicant.

If you need any assistance with completing this application form, please contact us on **01628 824444**.

1. Full-time course application form

Course title and level:

2. Personal Details

Title: _____ Surname: _____

Forenames: _____

Sex: Male / Female _____ Date of Birth: _____

Nationality: _____

Have you been permanently resident in UK/EU for the past 3 years?

Yes No If no:

(i) Please give details of entry to the UK

(ii) How were you admitted to the UK?

(a) Student visa (b) Visitor (c) Refugee/asylum seeker

(iii) Other, please specify:

Home address: _____

Country: _____ Postcode: _____

Telephone (home): _____

Mobile phone number: _____

Email address: _____

National Insurance Number: _____

Ethnic Origin: The ESFA have asked each college to record the ethnic origin of its students. Please tick where appropriate:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other ethnic group |

- | | |
|--|--|
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> English/Welsh/Scottish/NI/
British |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Irish |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Other White background |
| <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Gypsy/Irish Traveller |

Medical conditions:

Do you have a medical condition that may need our support? Yes No

If yes, please tick all that apply:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Allergy type _____ | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | |

Learning difficulties or disabilities:

Do you have an Education Health Care Plan (EHCP)? Yes No

Do you have a learning difficulty or disability? Yes No

Please tick all that apply in col A and tick which is your primary condition in col B

- | | | | | | | |
|-----------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|------------------------------------|
| | A | B | | A | B | |
| Disabilities | <input type="checkbox"/> | <input type="checkbox"/> | Visual impairment | <input type="checkbox"/> | <input type="checkbox"/> | Mental health difficulty |
| | <input type="checkbox"/> | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> | <input type="checkbox"/> | Temporary disability after illness |
| | <input type="checkbox"/> | <input type="checkbox"/> | Disability affecting mobility | <input type="checkbox"/> | <input type="checkbox"/> | Profound complex disabilities |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other physical disability | <input type="checkbox"/> | <input type="checkbox"/> | Other physical disability |
| | <input type="checkbox"/> | <input type="checkbox"/> | Social and emotional difficulty | | | |
| Learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Moderate learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Autistic Spectrum Disorder |
| | <input type="checkbox"/> | <input type="checkbox"/> | Severe learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Other specific learning difficulty |
| | <input type="checkbox"/> | <input type="checkbox"/> | Dyslexia/Dyscalculia | | | |

Please provide any information regarding requirements for additional learning support:

3. Where did you find out about the College?

- | | |
|---|---|
| <input type="checkbox"/> Our website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Social media advertising | <input type="checkbox"/> Careers exhibition |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School |
| <input type="checkbox"/> Library | <input type="checkbox"/> Other, please specify: _____ |

4. Secondary Education

Please list current or last establishment first (last three only).

	School/College etc.	Address	Date
1.			
2.			
3.			

5. Qualifications

Please enter all qualifications you hold, include subjects which you are currently studying, for which you are awaiting results or you expect to complete this year. If you need more space, please continue on a separate sheet.

Subject	Level	Grade/Predicted Grade	Date

6. Work Experience

Please start with your present employer. School leavers may list vacation or part-time work. References will be taken up. If you need more space, please continue on a separate sheet.

Dates of employment		Employer's name, address and telephone number	Job title and brief summary of duties
From	To		

May we approach your most recent employer for a reference prior to your interview? Yes/No

7. Interests

Please state why you wish to enrol at BCA and include any hobbies, interests and responsibilities held. If you need more space, please continue on a separate sheet.

8. Declaration

Privacy Notice

We collect your personal data in accordance with the General Data Protection Regulation (GDPR) 25th May 2018. The information you provide in this application to BCA may be used and shared with third parties for education, training, employment and well-being purposes. This is necessary in order for us to carry out our public task to provide education and training. We are committed to being transparent about the student information we collect and use. For more information on how we use your data please visit our website to read the BCA Privacy Statement – how we use your data.

I declare that the information I have given on this application form is accurate to the best of my knowledge.
I agree to the use of my data in connection with my application, as stated in the Privacy Notice.

Please tick here to accept the above statement.

Signature:

Date:

Please return this form to: **Admissions, BCA, Hall Place, Burchetts Green, Maidenhead, Berkshire SL6 6QR**

Entry Requirements

For entry requirements, please see individual course pages, for the most up-to-date information, please visit www.bca.ac.uk

BCA is registered as a Data Controller with the ICO – Data Protection Registration number: Z7358880
All information given in this form will be treated as confidential