



Adult/Part-Time Application form 2021/22

To be completed by the applicant. (Please use BLOCK CAPITALS)

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

Have you previously studied at BCA? Yes No

Personal details

Surname Mr / Mrs / Miss / Ms / Dr

First Name

If you have previously enrolled under another name, please state name:

Date of Birth D D M M Y Y Y Y

National Insurance Number

Gender Male Female

Address

Town

County Postcode

Tel Home Work

Tel (mobile)

Email

Are you currently in full-time education? Yes No

If Yes, name of school

What is your highest level of qualification?

- Level 1 (GCSE D-G/3-1) Level 2 (GCSE A*- C/9-4)
- Level 3 (A levels) Level 4 (HNC)
- Level 5 (HND) Level 6 (Degree)
- None

Residency status

Country of Birth

Nationality

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

Yes No

If No, how long have you lived in the UK for? Yrs/mths

Date of Entry to the UK

Person to contact in an emergency

Name

Contact Tel

Relationship to you

Ethnic Origin: (please tick)

- Bangladeshi White and Asian
- Indian White and Black African
- Pakistani White and Black Caribbean
- Chinese Other mixed background
- Other Asian background African
- English/Welsh/Scottish/NI/British Caribbean
- Irish Other Black background
- Gypsy/Irish Traveller Arab
- Other White background not provided Other ethnic group

Learning difficulties or disabilities:

Do you have a Learning Difficulty Assessment or Education Health Care Plan or LDA? 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability affecting mobility | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other physical disability | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other medical condition | <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"/> |

- | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| | A | B | A | B |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Learner Support

- Are you homeless or living in temporary accommodation? Yes No
- Are you a traveller? Yes No
- Are you an asylum seeker or refugee? Yes No
- Are you a full time carer for a dependant? Yes No
- Are you living in a hostel or residential care? Yes No

Course details

Course title	Start date	Time	Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	£
<input type="text"/>	<input type="text"/>	<input type="text"/>	£
<input type="text"/>	<input type="text"/>	<input type="text"/>	£
<input type="text"/>	<input type="text"/>	<input type="text"/>	£

I am paying the full fee myself

Total Payable £

Household Situation

Please indicate below your household situation:

A household includes either one person living alone or a group of people living together

Please tick which of the following statements apply:

- 1. No member of the household in which I live (including myself) is employed
- 2. The household includes one or more dependent child (aged 0-17 years or 18-24 if full time student or inactive) in the household
- 3. There are one or more dependent children (aged 0-17 years or 18-24 if full time student)
- 4. None of these statements apply
- 5. I confirm that I wish to withhold this information

Employment Status information

Employment status prior to starting the course: (please tick)

- Employed If employed, how long have you been employed? How many hours do you work per week?
 Self employed

Employer details (only complete if your employer is to be invoiced)

My employer is paying the fee £

Company name Company Address
Contact name Postcode
Tel Email

- Unemployed – looking for work/available to start Unemployed – not looking for work/not available to start
 Unemployed – How long have you been unemployed?

Are you claiming any State Benefits? (This question is not applicable to RHS courses)

- Job Seekers Allowance Employment Support Allowance (in a Work Related Activity Group)
 Universal Credits Other (please specify)

Benefits Document seen (please specify)

Declaration and Privacy Notice - Important, please fully read the section before providing your consent and signing

- I declare that all the information I have provided is accurate and that I have read and understood the Privacy Statement (below).
- I authorise the College to contact external bodies and share information as outlined in the Privacy Statement (below).
- I accept that fees are not refundable, except where the College cancels a course and that, if I stop attending a course, I will not be entitled to a refund.
- I authorise the College to provide appropriate progress and attendance information to my employer or sponsor, for the course on which I am enrolled.
- I agree to comply with the College's policies and procedures.
- I agree that any photographs taken of me whilst undertaking my course may be used for college promotion or marketing purposes.
- I agree to my image/photo being kept on file for security and identification purposes and that, I may be required to participate in college activities where photographs, video or digital images or audio recordings are taken.
- I agree that any photographs taken of me whilst undertaking my course may be used for college promotion or marketing purposes.

Privacy Notice - How we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, included under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the data protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. For further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice> and <https://www.bca.ac.uk/wp-content/uploads/2018/04/BCA-Privacy-Statement-2018-FINAL.pdf> - BCA Privacy Statement.

You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

- About courses or learning opportunities For surveys and research By post By phone By email

- I confirm that I have read the BCA Privacy Statement on BCA's website and agree to the College's use of my personal data
 The statements made by me in this application are true to the best of my knowledge and belief.

Signed (applicant)

Date

Date

Payment details

I enclose a cheque for the sum of £ payable to BCA

I wish to pay by Credit/Debit card /BACs (Contact Finance dept. on **01628 824444**)

This activity may have been directly or indirectly part-financed by the European Union through European Social Fund – helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources.

