

19-25 EDUCATION APPLICATION FORM

Full-time study programme

Version 1.1



Wilson Stuart
University College Birmingham
Partnership Trust
Believing is Achieving

STRIVE @ The Hive

Student Surname / Family Name

Student First Name(s)

Title Mr Miss Mrs Ms

Date of Birth

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Day Month Year

Address

Post Code

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Contact Telephone Number (day)

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Contact Telephone Number (evening)

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National Insurance Number

Contact Name and Email address

In which country are you normally resident? (please tick box)

UK Other if other please specify

Ethnic Background

Have you been resident in the UK for the last three years for other than educational purposes?

Yes No

If no, date of entry to UK

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Day Month Year

from which country

SPECIAL EDUCATIONAL NEEDS

Please give details of your special educational needs and / or disabilities.

Do you have an EHCP?

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	

ABOUT YOU

We would like to know more about you and have left this space for a brief outline about your spare time interests and aspirations. Tell us what you like, dislike, who is in your family and what you enjoy doing in your community.

How did you find out about The Hive College?

A Friends/Relations

B Website

C School

D Careers/Connexions

E Radio advert – Which station?

F Careers Convention

G Newspaper advert – Which newspaper?

CRIMINAL CONVICTIONS

Do you have any criminal convictions?

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.

Completed by:

Relationship to Applicant:

Signature:

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