

APPLICATION FORM

Please complete all sections

Bishop
Auckland
College

Forename(s) _____ Surname _____

Mr/Mrs/Miss/Ms _____ Date of birth _____ Age _____ National Insurance Number _____

Home Address _____

Postcode _____

How long have you lived at this address? ____ Yrs ____ Mths Telephone _____

Mobile _____ Email _____

If you are 19 or under please state last school attended _____

Course/s applied for: _____

Is this course: Full Time Part Time Apprenticeship

If undecided, would you like an appointment to discuss your options with a Careers Guidance Adviser? Yes No

Do you have any criminal convictions? Yes No

Nationality (please state) _____

Have you been permanently resident in England or EU for at least 3 years? Yes No

If no, please give your date of entry into England or EU _____

Please tick this box if you do not agree that we can contact your Parent/Guardian by email/text message

Please tick this box if you do not agree to share your information regarding your application with One Point

Please state below any disabilities, health problems or special requirements

No special requirements Difficulty with mobility Visual impairment Dyslexia

Emotional / Behavioural Hearing impairment Mental health Epilepsy

Other specific learning disability Please state e.g. Dyspraxia, Dyscalculia, Autism, Aspergers _____

Medical condition Please state: _____ Temporary disability following illness or accident

Other Physical Disability Please state e.g. Co-ordination, speech impediment _____

Other Please state including profound / multiple disability: _____

Not known / not provided

Equality & Diversity

White English / Welsh / Scottish / Northern Irish / British Irish Gypsy or Irish Traveller Other White background

Mixed / multiple ethnic Group White and Black Caribbean White and Black African White and Asian

Other Mixed / multiple ethnic background

Asian / Asian British Indian Pakistani Bangladeshi Other Asian background

Black / African / Caribbean / Black British African Caribbean Other Black / African Caribbean background

Other ethnic group Arab Other ethnic group Not known / not provided

Please indicate how you found out about the College (tick relevant boxes)

School One Point Prospectus / leaflet / newsletter Open evening Internet / website

Radio Friend / relative / parent Community venue Main College site Employer

Please turn over

What interests you about this course/s?

Please continue on a separate sheet if necessary

Qualifications: Please state highest level of qualification first eg. A Levels before GCSEs

Subject

Please include subjects you are currently studying

Level

GCSE/A Level/
NVQ/BTEC etc

Date taken

or to be taken
if known

Grade

include predicted
grade/s

School/College where exams taken

Please continue on a separate sheet if necessary

Declaration

The above information will be held on database in accordance with our registration under the terms of the Data Protection Act 1998.

Signature _____ Date _____

Please return to: Client Services Bishop Auckland College Woodhouse Lane Bishop Auckland County Durham DL14 6JZ

If you have not received an acknowledgement of your application within five working days, please contact Client Services 01388 443000

Office Use Only

Interview

Date

Time

Interviewer

Date HTR/Other sent for _____ Remind _____ Date Returned _____

Date Ref 1 sent for _____ Remind _____ Date Returned _____

Date Ref 2 sent for _____ Remind _____ Date Returned _____

Offer Status _____

Date sent _____ Remind _____ Returned _____

Offer Action _____

Natalie Davison
Principal | Chief Executive

Bishop Auckland College
Woodhouse Lane | Bishop Auckland | Co Durham | DL14 6JZ

T: 01388 443000 F: 01388 609294 E: enquiries@bacoll.ac.uk
W: www.bishopaucklandcollege.ac.uk Client Services: 01388 443000