

Application Form

OFFICIAL USE ONLY | Course code _____

Please ensure that you complete ALL sections in full. Failure to do so will result in a delay in the process.

COURSE APPLYING FOR:

Please detail the full name of course you are applying for (e.g. A-levels, BTEC Level 2 Diploma Horse Care):

YOUR PERSONAL DETAILS

Title: Mr Miss Mrs Ms Other

Gender: Male Female

First name(s): _____

Surname: _____

Address: _____

Postcode: _____

Date of birth: _____

Nationality as stated in your passport: _____

National Insurance Number: _____

Number of years lived in the UK: _____

Home telephone number: _____

Student mobile telephone number: _____

Student email address: _____

Last secondary school attended: _____

Have you ever been excluded? Yes No

If so please state the reason below

Have you been in the UK for more than 3 years, other than for the main purpose of study? Yes No

Are there any immigration restrictions on how long you can stay in the UK? Yes No

If you have been living overseas when did you enter the UK? (DD/MM/YYYY) _____

Did you enter the UK under a student visa? Yes No

ETHNICITY:

Ethnicity information is required by our funding agencies in order "To monitor the distribution of ethnic groups amongst learners in the context of adequacy and sufficiency." Are you?

White

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

Mixed / Multiple ethnic group

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed / multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Any other ethnic group

- Arab
- Any other ethnic group
- Not provided / not known

HOW DID YOU HEAR ABOUT US?

- School
- Careers Service
- Internet
- Friends / Relatives
- Advert
- Sports / Pony Club
- College visit at school / careers event

NEXT OF KIN/EMERGENCY CONTACT DETAILS:

If you are under 18 years of age please give the name and contact details of your next of kin and a second contact. If you are over 18 years of age please state the person(s) you wish to be contacted in the event of an emergency:

_____	Name: _____
Address: _____	Address: _____
_____	_____
Postcode: _____	Postcode: _____
Email address _____	Email address _____
Mobile telephone number: _____	Mobile telephone number: _____
Relationship: _____	Relationship: _____

QUALIFICATIONS

What qualifications do you have (if known) or currently studying for? Please begin with your highest level qualification.

Subject	Qualification (GCSE, NVQ, GNVQ, AS)	Grade predicted	Grade obtained	Date awarded (MM/YYYY)

Please attach a copy of your examination results/certificates if available

SUPPORTING YOUR STUDIES – ALL APPLICANTS TO COMPLETE

At Hartpury College we are committed to ensuring that you have every opportunity to succeed in your studies. By providing us with information about your learning needs, we can ensure that you have the right support and resources in place to succeed.

Are you a child in care? Yes No Are you a 'Care Leaver'? Yes No

Are you a young carer? Yes No Do you have a Statement of Special Educational Needs? Yes No

Do you have any of the following? Yes No If yes, do you have:

<p>Learning Difficulty</p> <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> ADHD/ ADD <input type="checkbox"/> Asperger's /ASD <input type="checkbox"/> Moderate learning difficulty	<p>Physical disability</p> <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Disability affecting mobility <input type="checkbox"/> Multiple disabilities	<p>Emotional and Behavioural issues</p> <input type="checkbox"/> Mental ill-health <input type="checkbox"/> Emotional/Behavioural Issues <input type="checkbox"/> Social difficulties <input type="checkbox"/> Other (please detail below)	<p>Health Conditions</p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Severe Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other (Please detail)
<div style="border: 1px solid black; width: 200px; height: 25px; margin: 0 auto;"></div>			<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div>

REFERENCES

You will need to provide contact details of two referees. If you are at school, or have left school within two years, one of these should be your Head Teacher. If you are currently at college one of these references should be your Course Tutor.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Email address: _____

Email address: _____

Phone No: _____

Phone No: _____

ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR THE SPECIFIC QUALIFICATION LISTED EQUINE COURSES

If you are applying for the BTEC Level 3 Extended Diploma in Horse Management course please select the strand you want to study:

Business Equitation

If you are applying for the BTEC Level 3 Subsidiary Diploma or Diploma in Horse Management programme please tick one of the following boxes

I wish to ride as part of my course I do NOT wish to ride as part of my course

Please be aware that if you ride as part of your course, this may mean that you might not be able to study a particular curriculum unit if it is taught when your riding sessions take place.

ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A-LEVELS

Please state A-level choices (refer to the prospectus or website for course information)

1. _____

2. _____

3. _____

If you are wishing to be considered for an Academy place alongside your A-level studies please provide details below:

Please tell us below if there is an A-level subject not currently offered by Hartpury you would like to study

CRIMINAL CONVICTIONS

To help us reduce the risk of harm or injury to students caused by the criminal behaviour of other students, we must know about any criminal convictions that are not spent. Please note that you do not need to include convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

If you have a relevant criminal conviction you must tick the YES box if either of the following statements applies to you:

- I have a relevant criminal conviction that is not spent.
- I am serving a prison sentence for a relevant criminal conviction.
- Are there any other matters that may be relevant to your suitability to study a course at the College, noting the guidance in the paragraph above? If so, please give details.

If you tick the box, you will not be automatically excluded from the application process. However, the College will want to consider your application further and ask for more information before making a decision. **Please note that should you incur a criminal conviction between application and the start of the academic year, if you are offered a place you must inform our admissions department immediately.**

PRIVACY STATEMENT

How we use your personal information:

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>.

The information you have provided will be stored electronically and used to process your application. The information may be shared with relevant staff and third parties on a need to know basis for the purposes of administration, in providing support, for health and safety reasons or in the event of an emergency. At no time will your personal information be passed to organisations for marketing or sales purposes

- Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone
- Tick this box if you do not wish to be contacted about courses or learning opportunities by post

SIGNATURE - IMPORTANT - THIS FORM MUST BE SIGNED BEFORE BEING RETURNED

The decision Hartpury College takes about your application is made on the basis of the information that you have provided on your application form. If we find that you have made any false statements, given ambiguous information or have left out significant information, we reserve the right either to withdraw or amend our offer.

The statements made by me in this application are true to the best of my knowledge and belief.

Applicant's signature: _____

Date: _____

If under 18

Parent/guardian's signature: _____

Date: _____

**Please return this completed application form to:
Hartpury Admissions, Hartpury College, Hartpury, Gloucestershire, GL19 3BE**