

APPLICATION FORM



**STOKE
ON
TRENT
COLLEGE**

Professional & Technical Education

Send your completed application form to:

Stoke on Trent College, FREEPOST ST1055, Recruitment Team,
Stoke Road, Shelton, Stoke-on-Trent, ST4 2DG.

For more information call **01782 603634** or visit our website **www.stokecollege.ac.uk**

1. PERSONAL DETAILS

Mr/Mrs/Miss/Ms Male Female Email

Surname Home Telephone

Forename(s) Mobile

Address Date of Birth Age on 31/08/20

Have you been a resident in the UK for more than 3 years? Yes No

Postcode Nationality

2. CHOICE OF COURSE / APPRENTICESHIP

Please list the course(s) you want to apply for, if you are interested in more than one course please state your choice in order of preference.

Course Code (if known)	Course / Apprenticeship Title	Career Choice (if known)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If you have selected an Apprenticeship, then please indicate if you have secured a work placement relevant to the Apprenticeship you are applying for:

No placement Yes, I have a placement If yes, who is the employer?

Would you like to know more about our Institute of Sports Performance?

Yes No

Which academy are you interested in?



Port Vale



Stoke City



Hoopskills

3. HEALTH, DISABILITY AND ADDITIONAL LEARNING SUPPORT

We welcome learners with learning difficulties, additional needs or disabilities. Please tell us about your needs so we can support you.

<input type="checkbox"/> 04 Visual impairment	<input type="checkbox"/> 15 Asperger's syndrome
<input type="checkbox"/> 05 Hearing impairment	<input type="checkbox"/> 16 Temporary disability after illness (for example post-viral) or accident
<input type="checkbox"/> 06 Disability affecting mobility	<input type="checkbox"/> 93 Other physical disability
<input type="checkbox"/> 07 Profound complex disabilities	<input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia)
<input type="checkbox"/> 08 Social and emotional difficulties	<input type="checkbox"/> 95 Other medical condition (for example epilepsy, asthma, diabetes)
<input type="checkbox"/> 09 Mental health difficulty	<input type="checkbox"/> 96 Other learning difficulty
<input type="checkbox"/> 10 Moderate learning difficulty	<input type="checkbox"/> 97 Other disability
<input type="checkbox"/> 11 Severe learning difficulty	<input type="checkbox"/> 98 Prefer not to say
<input type="checkbox"/> 12 Dyslexia	<input type="checkbox"/> None
<input type="checkbox"/> 13 Dyscalculia	Did you have support at school? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 14 Autism spectrum disorder	Did you have a mentor at school? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have an Education, Health and Care plan (EHC)? Yes <input type="checkbox"/> No <input type="checkbox"/>

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4. LATEST SCHOOL/COLLEGE ATTENDED

From

To

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Examinations you have taken or are taking and grades achieved

Subject/Exam (e.g. GCSE/A/AS/BTEC/Professional qualification)	Predicted	Actual	Date achieved

5. ARE YOU/HAVE YOU EVER BEEN IN CARE?

Yes No If Yes, which authority

6. DO YOU HAVE ANY CARING RESPONSIBILITIES?

e.g. for a family member, partner or friend

Yes No

7. DO YOU HAVE ANY UNSPENT CONVICTIONS?

excluding fixed penalty driving offences

Yes No If Yes, you must provide further information

8. PLEASE TICK WHICH GROUP BEST DESCRIBES YOUR ETHNIC ORIGIN:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- African
- Caribbean
- Any other Black/African/Caribbean background
- Arab
- Any other ethnic group

Student Signature

Date