

Application Form 2022/23

Please complete all sections of this form in **BLOCK CAPITALS**.
If you need any assistance, please call 020 8501 8501 or visit the College.

Office use only

Reference no:

Applicant ID:

What course are you applying for?

Course title:*

*Please use the full title as it appears in the course guide

Part-time

Full-time

Personal Details

Title: Mr. Mrs. Miss. Ms.

Gender: Male Female

Surname/Family name:

First name(s):

Permanent Address:

Date of birth:

Age on 31/08/22:

Home phone number:

Mobile number:

Email address:

Postcode:

Your Council/ Local Authority:

Your Eligibility

Are you a British Citizen? Yes No

If No, what is your nationality?:

Country of birth:

Usual country of residence:

First language:

Have you been living in the UK or EEA/EU for the last 3 years? Yes No

If you were not born in the EEA/EU or have not been resident here for the last 3 years, please state the date of your arrival in the EEA/EU. (The United Kingdom is currently part of the EEA/EU)

Are you an Asylum Seeker or Refugee? Yes No

Student Declaration of Disability or Learning Difficulty

Do you have an Educational Health Care Plan (EHCP)? Yes No I have other Specialist Reports (please state)

Do you consider yourself to have a disability or medical condition? Yes No

I have a long-term health difficulty

If you answered Yes, please tick below which apply to you:

Do you have a Medical Report? Yes No

- | | | | |
|---|--|---|---|
| 04 <input type="checkbox"/> Visual impairment | 08 <input type="checkbox"/> Social and emotional difficulties | 93 <input type="checkbox"/> Other physical disability | 97 <input type="checkbox"/> Other disability |
| 05 <input type="checkbox"/> Hearing impairment | 09 <input type="checkbox"/> Mental health difficulty | 95 <input type="checkbox"/> Other medical condition (E.g. epilepsy, asthma) | 98 <input type="checkbox"/> Prefer not to say |
| 06 <input type="checkbox"/> Disability affecting mobility | 16 <input type="checkbox"/> Temporary disability after illness (E.g. post-viral) or accident | | |
| 07 <input type="checkbox"/> Profound complex disability | | | |

If you've ticked more than one box, please indicate your primary health problem or disability: (choose number)

Do you consider yourself to have a learning difficulty and need support with your learning? Yes No

If you answered Yes, please tick below which apply to you:

- | | | | |
|--|--|---|---|
| 10 <input type="checkbox"/> Moderate learning difficulties | 13 <input type="checkbox"/> Dyscalculia | 17 <input type="checkbox"/> Speech, language and communication needs | 96 <input type="checkbox"/> Other learning difficulty |
| 11 <input type="checkbox"/> Severe learning difficulties | 14 <input type="checkbox"/> Autism spectrum disorder | 94 <input type="checkbox"/> Other specific learning difficulty (E.g. dyspraxia) | 98 <input type="checkbox"/> Prefer not to say |
| 12 <input type="checkbox"/> Dyslexia | 15 <input type="checkbox"/> Asperger's syndrome | | |

If you've ticked more than one box, please indicate your primary learning difficulty:

I would like to be contacted by the College to discuss my learning difficulty/disability. Yes No

I need support or reasonable adjustments for my college interview, for the following reasons:

Welfare Support Needs - This information will be used to provide support for you where possible.

Are you a looked after child or leaving care (In care with local authority)? Yes No

Are you a young carer? Yes No

Are you a young parent aged 19 or younger? Yes No

Are you aged 18 or younger and in receipt of Income Support yourself? Yes No

Do you have any unspent criminal convictions, pending court dates, on probation or reporting to a Youth Offending Team? Yes No

Your Background - How would you describe your ethnic origin?

White 31 <input type="checkbox"/> English/Welsh/Scottish/ Northern Irish/British 32 <input type="checkbox"/> Irish 33 <input type="checkbox"/> Gypsy or Irish Traveller 34 <input type="checkbox"/> Any other White background	Mixed 35 <input type="checkbox"/> White and Black Caribbean 36 <input type="checkbox"/> White and Black African 37 <input type="checkbox"/> White and Asian 38 <input type="checkbox"/> Any other Mixed/Multiple ethnic background	Asian/Asian British 39 <input type="checkbox"/> Indian 40 <input type="checkbox"/> Pakistani 41 <input type="checkbox"/> Bangladeshi 42 <input type="checkbox"/> Chinese 43 <input type="checkbox"/> Any other Asian background	Black/African/ Caribbean/Black British 44 <input type="checkbox"/> African 45 <input type="checkbox"/> Caribbean 46 <input type="checkbox"/> Any other Black/African/ Caribbean background	Other Ethnic Group 47 <input type="checkbox"/> Arab 98 <input type="checkbox"/> Any other ethnic group 99 <input type="checkbox"/> Prefer not to say
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Previous/Current education

What school or college do you currently go to or what was the last school or college you attended?

Please list the relevant qualifications that you have along with the grade you achieved. It is also very important that you include any predicted grades for exams that you will be taking this year.

School/College	Subject	Actual/Predicted	Date of exam	Level (e.g. GCSE)

Please tell us any dates when you will not be available for your interview:

How did you find out about your course/Waltham Forest College?

01 <input type="checkbox"/> School/Careers Adviser	03 <input type="checkbox"/> Other website/Search engine	11 <input type="checkbox"/> WFC newsletter	09 <input type="checkbox"/> Library
14 <input type="checkbox"/> Friend or relative	22 <input type="checkbox"/> Social Media (e.g. Facebook)	12 <input type="checkbox"/> From your employer	07 <input type="checkbox"/> Careers Event
02 <input type="checkbox"/> Waltham Forest College website	15 <input type="checkbox"/> Open Event/College Visit	05 <input type="checkbox"/> Job Centre	13 <input type="checkbox"/> Newspaper ad/article
18 Other (please specify):			

Staying in touch

We would like to keep you updated with information related to your course and any other exciting news at the College. The changes to personal data law (GDPR) mean you'll have to give us permission to continue to stay in touch with you. Please select below to make sure you don't miss out.

I would be interested in receiving more information on (please tick all that apply):

College news, events and courses*
 Research and surveys*
 The College Alumni Programme*
 None of the above

* Information received can be direct from Waltham Forest College or from appointed third parties

I am happy for Waltham Forest College to contact me via the below methods (Please tick all that apply):

Email
 Post
 Telephone
 SMS (Text)
 None of the above

How we use your personal information

The General Data Protection Regulation (GDPR) replaces the Data Protection Regulation from 25 May 2018. The Regulation aims to harmonise data protection legislation across EU member states, enhancing privacy rights for individuals and providing a strict framework. By signing below, you will have consented for the College to process your personal data for the sole purpose of considering your eligibility to start a course. If your Application Form is successful, we will retain the application for seven years as we have a legal or contractual obligation to do so. After the seven-year period the College will then securely destroy the form. If your Application Form is unsuccessful, we will retain the form for one year and then securely destroy the form. You may withdraw your consent to our processing of your personal information for a particular purpose, however, this may affect your ability to apply for your chosen course. For further information on Waltham Forest College's Privacy Policy, please visit www.waltham.ac.uk

Declaration (to be completed by all applicants) - I confirm that the information provided on this form is complete and correct.

Applicant signature:

Date: DD / MM / YYYY



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