

Havering College of Further & Higher Education

Course Application Form



Applicants name: _____

For College Use Only

Student ID

Date Entered

Entered by

Course Code

Course Title

Notes for Applicants

- Please check the entry requirements for the course you are interested in to make sure you meet the entry criteria. This information can be found in the prospectus or by contacting the Admissions Team.
- Please remember you can only attend 1 full time course at a time, but you can apply for up to 3 different courses.
- **It is important that your application includes a reference and predicted grades.** If we don't receive a reference we will contact your school, however we will not be able to invite you to an interview or process your application until we have received this information.
- If you are 19 or over and applying for a full time course, we will accept a reference from an employer or someone who knows you well (but not a relative). Again, you will not be invited to attend an interview until we have received this information.
- If you are under 18 please ask your parent/guardian to sign your application.

Completed forms should be returned to:

Threshold Services
Havering College of Further & Higher Education
Ardleigh Green Road
Hornchurch
Essex
RM11 2LL



If you have any questions about completing this form please email admissions@havering-college.ac.uk or phone 01708 462833

College stamps

Personal Details

Last Name(s)

First Name(s)

Date of Birth Title: Mr Miss Ms Mrs Gender M F

Email address

Home Address:	
Postcode	
Tel Home:	Mobile:

Name of Parent/Guardian:	
Address of Parent/Guardian (for Applicant under 18 if different to above)	
Tel Home:	Mobile:

Residency

Have you been permanently resident in the UK or EU for the past 3 years? Yes No*
 Is there any restriction on the time you may stay in the UK? Yes* No

If * box ticked please provide brief details of how long you have been resident in the UK and the circumstances of your arrival and stay in the UK:

Learner Support

We provide a range of support for learners with disabilities and learning difficulties, including mobility difficulties, visual impairments, D/deaf, mental health difficulties, medical conditions – such as epilepsy, and specific learning difficulties – such as dyslexia.

Would you like a confidential interview to discuss support? Yes No

Have you received any kind of additional support for examinations? Yes No

If YES please tick how we can contact you	By phone	Phone number	TICK
	By fax	Fax number	TICK
	By mini-com	Mini-com number	TICK
	By email	Email address	TICK

Interests & Achievements

Include your interests and any positions of responsibility, part-time employment and other relevant information

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Reference Details

Please ask your Referee (School/College or Employer) to complete the attached **Reference Form**. If this is not included in your application when we receive it we will contact your school directly (Under 19 only). **However we will not be able to invite you to an interview or process your application until we have received this information.**

Equal Opportunities

We are required to ask this question in order to assess the extent of representation of ethnic groups in relation to our Equal Opportunities policy. Your answer does not affect the outcome of your application. How would you describe your ethnic background? (please tick)

- | | | | |
|-----------------------------|---|-----------------------------|------------------------------------|
| 11 <input type="checkbox"/> | Asian or Asian British – Bangladeshi | 19 <input type="checkbox"/> | Mixed – White and Asian |
| 12 <input type="checkbox"/> | Asian or Asian British – Indian | 20 <input type="checkbox"/> | Mixed – White and Black African |
| 13 <input type="checkbox"/> | Asian or Asian British – Pakistani | 21 <input type="checkbox"/> | Mixed – White and Black Caribbean |
| 14 <input type="checkbox"/> | Asian or Asian British – any other Asian background | 22 <input type="checkbox"/> | Mixed – any other Mixed background |
| 15 <input type="checkbox"/> | Black or Black British – African | 23 <input type="checkbox"/> | White – British |
| 16 <input type="checkbox"/> | Black or Black British – Caribbean | 24 <input type="checkbox"/> | White – Irish |
| 17 <input type="checkbox"/> | Black or Black British – any other Black background | 25 <input type="checkbox"/> | White – any other White background |
| 18 <input type="checkbox"/> | Chinese | 98 <input type="checkbox"/> | Any other |
| | | 99 <input type="checkbox"/> | Prefer not to say/Not known |

Declaration/Consent to Process (Data Protection Act 1998)

Data collected on this form may be computerised, and is used both for statistical purposes within the College and its Funding bodies, and for sharing analysis with Schools, Colleges, Funding bodies and Local Authorities.

I confirm that the information provided on this form is correct to the best of my knowledge, and consent to this data being used as above:

Signature of Applicant: _____ **Date:** _____

If the Applicant is under 18:

I agree with this application to the College, and will ensure compliance with the College Regulations:

Parent/Guardian: (Signature): _____ (Name): _____ **Date:** _____

Please make sure you have fully completed your application form before returning it to us.

If you have not received an acknowledgement letter from us within 2 weeks of returning your application please contact us.

If you have any questions about completing this form please email admissions@havering-college.ac.uk or phone 01708 462833



Student No: For Office Use Only



Havering College of Further & Higher Education Reference Form

Applicant Details (to be completed by the applicant)

Name	
Address	
Postcode	
Date of Birth	Contact Number
Course applied for	

Notes for Referees:
 If the applicant is under 19 and requires an academic reference please complete all sections. All references from schools **MUST SHOW A SCHOOL STAMP FOR VERIFICATION**
 If you are providing a character or employer reference, please complete sections D and E.

Section A

Please tick the appropriate boxes below

	Poor	Average	Good	Excellent
Has potential for successful study				
Commitment to study				
Relationship with peer groups				
Cooperation with teachers				
Communication skills				
Quality of work				
Behaviour				
Motivation				
Attitude to school/college/work environment				

Attendance	%	If attendance or punctuality are below 90% please provide details for this:
Punctuality	%	

Section B

Has the pupil a Connexions, Social or Youth Worker? Yes No

Name:

Contact details:

Has the Pupil identified Special Educational Needs? Yes No
 Are these Needs? School Action School Action Plus 'Statemented'

Please provide further details where possible

Signed	Name in BLOCK CAPITALS
Position	Date

