



STUDENT APPLICATION FORM

Please complete in **BLOCK CAPITALS** and **BLACK INK**

PERSONAL DETAILS		
Family name(s) _____	First name(s) _____	
Please give the name as they appear on YOUR passport and personal contact details.		
Permanent home address	Home telephone (include dialling codes)	Mobile (including dialling codes)
Postcode	Email	
	Passport number	
Male/Female	Nationality	Country of permanent residence
Date of birth (DD/MM/YYYY)/...../.....		
Do you have a disability or learning difficulty? YES NO	Do you have any Criminal Conviction? YES NO	
Which course would you like to study?		
ENGLISH LANGUAGE QUALIFICATIONS		
Please include a copy of your proficiency test results.		
Type of Test e.g. IELTS, TOEFL, Functional Skills, ESOL	Date of Test	Result

DATA PROTECTION ACT 1998

The information which you give will be used for the following purposes: to enable Cranbrook College to create a computer and paper record of your application; to enable the application to be processed; to enable the institution to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.

PREVIOUS STUDY AND QUALIFICATIONS

Please list in date order all academic studies completed, whatever the result, plus any studies currently being completed.

From Month/Yr		To Month/Yr		Qualification (to be) obtained and major subject	Institution of study	Country of study	Full/part time
08	09	06	10	IT Management (EXAMPLE)	Beijing College	China	Full

Please bring your certificates and transcripts of all qualifications obtained, in original language and translated versions (if applicable).

PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION

Please ensure that you complete this section fully. Include reasons why you want to study at Cranbrook College, the reason for your choice of course and any future career plans. This information will be used by the Centre to assess your suitability for the course. **Continue on the other side of this sheet if necessary.**

DECLARATION

I confirm that the information given on this form is true, complete and accurate and no relevant information has been omitted. I understand that this application or any subsequent Centre place offered may be withdrawn by Cranbrook College if in the future the information provided proves to be inaccurate, either intentionally or unintentionally.

Signature of applicant Date



Please note: Incomplete applications will cause unnecessary delays in the processing time. Please return this completed application form to:

By email to: admin@cranbrookcollege.com

By Post: Cranbrook College, 108C Cranbrook Road, Ilford, Essex, IG1 4LX

GUIDE TO COMPLETING THE STUDENT APPLICATION FORM

Thank you for applying to Cranbrook College. Please make sure you complete it fully.

PERSONAL DETAILS

COURSE TITLE: Please use the correct name for the course as in our prospectus or on our website. (<http://www.cranbrookcollege.com>)

ADDRESS: We will send all correspondence to your permanent home address.

PREVIOUS STUDY QUALIFICATIONS

EDUCATION: Please give details of all secondary education and any further studies completed or currently being pursued. Where you have the results, please supply them. If you have taken an examination and are waiting for results, please write 'results pending'. Please indicate whether study was full or part time.

Please bring copies of certificates and transcripts for all examinations taken including any English language test certificates. If English is not your first language, we require you to take a test confirming your level of English.

ENGLISH LANGUAGE ENTRY REQUIREMENTS

The Entry requirements will depend on the course you are taking. Please check with the Centre when you apply.

PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION

PERSONAL STATEMENT: This section is to let us know of anything that you think may help your application, and for you to tell us of any information that you think we need to know about you. Please tell us why you would like to do the course you are applying for and how you think it will help you achieve your aims.

This part must be completed.

Important Notice for Non-UK Citizens

You should be aware that Cranbrook College co-operates fully with the Immigration and Nationality Directorate in the monitoring and control of non-UK citizens who enter the United Kingdom for the purposes of study. Such co-operation includes the disclosure of information about individual students concerning their status, mode of study, attendance and contact details.



EQUALITY/DIVERSITY MONITORING

Cranbrook College is committed to ensuring that no applicant is discriminated against, either directly or indirectly, and that all eligible persons have equal Opportunity for employment and advancement on the basis of their ability.

- 1. My gender is:** Female Male
- 2. My age is:** 16-25 26-35 36-45 46-55 56-64 65+
- 3. My religion is:**

Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
- 4. My sexual orientation is:**

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gay woman	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
- 5. I would describe my ethnic or cultural origin as (tick one box only):**

<i>Asian or Asian British</i>		<i>Black or Black British</i>	
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		
<i>Mixed</i>		<i>White</i>	
White & Asian	<input type="checkbox"/>	British	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White European	<input type="checkbox"/>
Any other Mixed background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
<i>Chinese</i>		<i>Other Ethnic Group</i>	
Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>

6. Disability

The Disability Discrimination / Equalities Act defines a “disabled person” as a person with: “**A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities.**” Some examples may include (but are not limited to); visual impairment, hearing difficulties, mental health issues, mobility problems, dyslexia, depression, epilepsy, diabetes, HIV. The following questions on disability are designed to enable us to assess what action we might take to offer positive employment opportunities for people with disabilities.

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

7. Declaration

I declare that the information contained in this application is accurate to the best of my knowledge (**type out your name if emailing the application**).

Candidate Signature: _____

Date: _____



Emergency Contact Details

Name of your next of kin 1	
Address of your next of kin Same as above <input type="checkbox"/>	
Contact number	
Relationship	

Name of your next of kin 2 (optional)	
Address of your next of kin Same as above <input type="checkbox"/>	
Contact number	
Relationship	

Please state any medical details which we should be aware of in the event of an emergency, eg. diabetes, epilepsy.
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This information will be treated as confidential.

To update any changes please contact the receptionist. Thank you. 🙌



Photograph & Video Release Consent

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- online or published publicity or marketing(facebook, twitter, websites etc)

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Address _____

City _____

Postal Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____