

College use only	Student ID	Date Received	Interview Date	Reference Applied for
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# John Ruskin College

Selsdon Park Road  
 South Croydon CR2 8JJ  
 Telephone: 020 8651 1131  
 email: info@johnruskin.ac.uk  
 www.johnruskin.ac.uk

Principal and Chief Executive  
 Mohammed Ramzan

**Real courses  
 leading to real  
 careers**

## Application for courses commencing September

Year

### Personal Details

Last Name(s)

First Name(s)

Date of Birth       Gender  M  F First Language

National Insurance Number

Email address

Home Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Contact details \*Parent/Carer/Guardian/Keyworker \*delete as appropriate  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email address \_\_\_\_\_

Is there anyone who should not have access to your information?  Yes  No  
 If yes please provide details: \_\_\_\_\_  
 Are you currently or have you recently lived in care?  Yes  No  
 If Yes, which local authority looks after you? \_\_\_\_\_  
 Name of Social Worker \_\_\_\_\_ Mobile \_\_\_\_\_

### Choice of Course (please specify which course and level you are applying for from the College prospectus/website).

Vocational  Yes  No ESOL  Yes  No  
 Level \_\_\_\_\_ Course \_\_\_\_\_

I **confirm** that I have read the information available on the website/in the prospectus about the content of the course.  Yes

What are your career aims and interests?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you require further information, advice or guidance?  Yes  No



## Additional Support and Student Wellbeing

We want to ensure that all students receive the support they may need.

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

This information will be shared with a member of the support team who will discuss how best we can meet your needs at your interview or during the induction period.

**Do you think you have a disability, medical condition or an identified learning difficulty?**  Yes  No

If yes please tick below which categories may apply to you. You can tick more than one option.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Moderate or severe and multiple learning difficulties (10) (11) (12) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Disability affecting your mobility (6)                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing impairment (5)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visual impairment (4)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic medical condition (95)                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech and communication difficulties (96)                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autism, Asperger's Syndrome (14)                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ADD/ADHD (96)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental/emotional/behavioural difficulties                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other learning difficulties  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES to any of these, please provide details:

Do you have an Education and Health Care Plan (EHCP)?  Yes  No

Are you currently or have you been supported in the past by CAMHS? (9)  Yes  No

Have you been granted Access Arrangements for your exams? (94)  
Eg extra time or other concessions  Yes  No

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## Declaration of residential qualification

1. Have you been resident in the UK/EU for three years preceding the start of the course? Yes  No   
(If you have ticked **Yes**, please go to the next section.)

2. Country of birth

3. Date of entry/re-entry to the UK

 /  / 

4. Where were you living before you came to the UK?

5. How long had you lived in that country?

6. For what purpose did you come to the UK?

7. What is your 'residential status' in the UK?

Indefinite leave to remain	<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Student visa holder	<input type="checkbox"/>
*Asylum seeker	<input type="checkbox"/>	*Exceptional leave to remain	<input type="checkbox"/>	*Refugee	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				

\*Please state whether you are accompanied or unaccompanied and state the relationship to your guardian, e.g. sister

## 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 in code column.)

<i>Ethnic origin</i>	<i>Code</i>	<i>Ethnic origin</i>	<i>Code</i>
<b>White</b>		Pakistani	40
English/Welsh/Scottish/Northern Irish/British	31	Bangladeshi	41
Irish	32	Chinese	42
Gypsy or Irish Traveller	33	Any other Asian background	43
Any Other White background	34	<b>Black/African/Caribbean/ Black British</b>	
<b>Mixed/ Multiple ethnic groups</b>		African	44
White and Black Caribbean	35	Caribbean	45
White and Black African	36	Any other Black/African/Caribbean background	46
White and Asian	37	<b>Other ethnic group</b>	
Any Other Mixed / multiple ethnic background	38	Arab	47
<b>Asian/ Asian British</b>		Any other ethnic group	98
Indian	39	Not provided	99

**Please indicate how you found out about the College**

- |   |  |
|---|--|
| <input type="checkbox"/> College Open Event             | <input type="checkbox"/> Advert - Tram/Tram Stop     |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Advert - Bus                |
| <input type="checkbox"/> School                         | <input type="checkbox"/> Advert - Flyers             |
| <input type="checkbox"/> Family/Friend                  | <input type="checkbox"/> Advert - Local press        |
| <input type="checkbox"/> Facebook / Twitter / Instagram | <input type="checkbox"/> Any Other (please specify): |
| <input type="checkbox"/> Hot Courses                    |  |

**CONVICTIONS OR CAUTIONS**

**Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by Statutory Instrument 2013 Number 1198**

Yes  No

**Declaration**

The information you supply to John Ruskin College will be stored and protected under its obligations and duties under the Data Protection Act 2018. I understand that the information supplied will be stored and made available to the Education & Skills Funding Agency (ESFA) to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. The information supplied may also be shared with other Government departments to enable them to carry out statutory functions. This includes, but is not limited to local authorities, virtual schools, Home Office, Border Agency and other bodies in connection with Visa applications or fraud detection. You can request to withdraw your permission for the use of your personal data at any time by contacting us at DPO@johnruskin.ac.uk If you would like a more detailed explanation about changes to General Data Protection regulations and the right to be forgotten visit <https://ico.org.uk/>

I confirm the information provided in this form is correct to the best of my knowledge and I agree to the processing and use of the data as described 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. Missing/incomplete information may cause a delay in processing your application.**

**All applications will be acknowledged within five working days.**

**If you have any questions about completing this form please email: [admissions@johnruskin.ac.uk](mailto:admissions@johnruskin.ac.uk) or telephone 020 8651 1131.**

**This application form is available in large print, audio or Braille on request.**

