

APPLICATION FORM

Please complete and return to: **Admissions, Evolve, Skell House, 8 High Skellgate, Ripon, HG4 1BA.**
Complete this form in **BLACK INK.**

PERSONAL DETAILS

Title: Mr Mrs Miss Ms

Home Address:

Surname:

First Name:

Middle Name:

Home Telephone:

Mobile:

Post Code:

Email:

Date of birth: / /

Nationality:

Have you been resident in the EU/UK for more than 3 years?

Yes

No

EDUCATION & QUALIFICATIONS

Last School or College attended and a contact name:
(Please note, school references may be taken up)

Last year of Attendance:

Establishment:

Contact:

Qualifications gained/exams to be taken: (This information **MUST** be completed) Please state if Target Grades or Actual Results for each subject listed.

SUBJECTS	QUALIFICATION (eg. GCSE, NVQ)	TARGET GRADES (TG) / ACTUAL RESULTS (AR)
English Language		
English Literature		
Maths		

STUDY DETAILS

If currently studying at Craven College (including the Evolve site) please state the course you are attending:

I wish to apply for the following Ripon Evolve full-time Study Programme: Work Experience Core Aim Horticulture

APPLICATION DETAILS

How did you hear about Evolve?

.....

Why did you choose Evolve? (Please mention what you would like to achieve during your time at Evolve)

.....

.....

Please list the types of work experience you would be interested in:

.....

.....

What are your interests and hobbies?

.....

.....

DECLARATION

If offered a place, I agree to conform to College regulations. I agree to the transfer of information relating to my learning programme between Craven College and other organisations if appropriate and relevant.

Applicant Signature:

..... Date: / /

You will receive acknowledgment of this application within 5 working days of your form arriving at College. It is a specific requirement of some courses for you to have a DBS (Disclosure and Barring Service) check. Personal data we obtain from you whilst you are a student will only be processed for any purposes connected to your studies, your health and safety whilst on College premises or for any other legitimate reason.

I agree to my study details being shared with my previous school

I give my permission for Craven College/Evolve to send me marketing materials relating to my course

I understand that I may withdraw my permission at any time by notifying: dpo@craven-college.ac.uk

EQUAL OPPORTUNITIES INFORMATION (this does not effect your application to the College)

ETHNIC ORIGIN

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> English/Welsh/Scottish/
Northern Irish/British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Arab | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> Other Mixed Background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any Other |
| | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> Prefer not to say |

DISABILITY SUPPORT - The College provides learning support for many students with health, physical, sensory or learning disabilities

Do you have a EHCP? Yes No

Do you consider yourself to have a disability? Yes No

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Emotional/Behavioural | <input type="checkbox"/> Other Physical Disability | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> Other Medical Condition | <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Temporary Disability | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mental Health Difficulty | <input type="checkbox"/> Profound/Complex | <input type="checkbox"/> Other |

Do you consider yourself to have a learning difficulty? Yes No

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Moderate Learning Difficulty | <input type="checkbox"/> Severe Learning Difficulty | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other Specific Difficulty |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Difficulties | <input type="checkbox"/> Other |