##### A blue dots in a black background Description automatically generated Application Form

**Please complete and return to: Admissions, Evolve, Skell House, 8 High Skellgate, Ripon, North Yorkshire, HG4 1BA**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | Middle Name/s: | | Surname: | | | Preferred Pronouns (optional): |
| Known as (optional): | | | | Date of Birth: | | | |
| Contact address:    Postcode: | | | | | | | |
| Student Mobile number: | | | Student Email address: | | | National Insurance number: | |
| Telephone (home): | Emergency Contact 1  Name:  Number:  Email:  Relationship: | | | | Emergency Contact 2  Name:  Number:  Email:  Relationship: | | |

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| Nationality: | Have you been resident in the EU/UK for more than 3 years? |  | Yes |  | No |
| How did you hear about Evolve? | | | | | |
| Why did you choose Evolve? (Please mention what you would like to achieve during your time at Evolve). | | | | | |
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**Education and Qualifications (please delete as appropriate. You have the right to let us know if you no longer give consent)**

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| **I do/do not give permission for you to contact my Last School, College or Employer in order to access my exam results, a reference, and attendance details. The details are:**  **Establishment:       Preferred Contact:** | |
| My record of attendance for my final year was: | % I give permission for you to contact anyone at my previous place of education to gain details of my attendance and exam results if this box is blank. |

**Qualifications Gained/Exams to be taken: (This information must be completed).**

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| --- | --- | --- | --- | --- |
| **Subject** | **Type of Qualfication**  (e.g. GCSE, Functional Skills (FS), BTec) | **Level of FS qualification**  If relevant e.g. entry level 1, 2 or 3, level 1 or 2 | **Predicted Grade**  (e.g. Pass, Merit, B,C,D/1-9) | **Actual Grade**  (eg Pass, Merit, B,C,D/1-9)  Please only complete if you have evidence of the result e.g. certificate or results sheet |
| English Language |  |  |  |  |
| English Literature |  |  |  |  |
| Maths |  |  |  |  |
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| Do you have an EHCP? | Yes | No |

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| Please specify if you received any of the following support during classroom sessions and exams at School/College (These do not transfer from school and you will be reassessed for eligibility) | | | | | | | | | |
|  | Reader |  | Prompt |  | Scribe |  | Modified paper |  | Word Processor |
|  | Computer Reader |  | Separate Room |  | Extra Time |  | Other (please specify) | | |

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| **STUDY DETAILS**  **Evolve Full Time Study Programme** | |
| **Please Select your Core Aim option** | |
| I wish to apply for the following Ripon Evolve full-time Study Programme course | Work Experience Core Aim |
| **Horticulture Core Aim** |
| **Please list the types of work experience that you would be interested in***. If you select a Work Experience Core Aim we will start to source a work experience for you based on the information that you include on this form. Whilst we try very hard to source the placement of your dreams; we cannot always guarantee that they will be able to offer you a place. However, if you have a clear idea of where you would like to be: please do specify exact industries and organisations so that we can make contact on your behalf.*  **My First Choice Work Experience:** | |
| My Second Choice Work Experience: | |
| What are your interests and hobbies? | |

**Equal Opportunities Information (This does not affect your application to Evolve)**

**Ethnic Origin**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | British |  | White & Black Caribbean |  | Asian/Asian British Pakistani |  | Chinese |
|  | Irish |  | White & Asian |  | Other Asian Background |  | Arab |
|  | Other White Background |  | Other Mixed Background |  | Caribbean |  | Any Other |
|  | Gypsy or Irish Traveller |  | Asian/Asian British Indian |  | African |  | Not Know/Prefer not to say |
|  | White & Black African |  | Asian/Asian British Bangladeshi |  | Other Black Background |  |  |

**Equal Opportunities Information: (Providing this information does not in any way affect your place on the course.)**

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| Do you consider yourself to have a learning difficulty and/or disability and/or health problems? | | | | | | | |  | Yes |  | | No |
| If yes, please enter the codes from below: | | Primary: | |  | | Option 2: |  | | Option 3: | |  | |
| 4 | Visual Impairment | | 14 | | Autism Spectrum Disorder | | | | | | | |
| 5 | Hearing Impairment | | 15 | | Asperger’s Syndrome | | | | | | | |
| 6 | Disability affecting mobility | | 16 | | Temporary Disability | | | | | | | |
| 7 | Profound Complex Disabilities | | 93 | | Other Physical Disability | | | | | | | |
| 8 | Social and Emotional Difficulties | | 94 | | Other Specific Learning Difficulty (e.g. Dyspraxia) | | | | | | | |
| 9 | Mental Health Difficulty | | 95 | | Other Medical Condition (e.g. epilepsy, asthma, diabetes) | | | | | | | |
| 10 | Moderate Learning Difficulty | | 96 | | Other Learning Difficulty | | | | | | | |
| 11 | Severe Learning Difficulty | | 97 | | Other Disability | | | | | | | |
| 12 | Dyslexia | | 98 | | Prefer Not to Say | | | | | | | |
| 13 | Dyscalculia | |  | | | | | | | | | |

**Declaration**

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

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| It is a specific requirement of some work experience placements for you to have a DBS (Disclosure and Barring Service) check, you will be informed at interview.  Personal data we obtain from you whilst you are a student will only be processed for any purpose connected to your studies, your health and safety whilst on these premises or for any other legitimate reason. |