

Greenwich Community College International Application Form



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|-----------------------------------|--|---|--|-------------------------------|--|---------------------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Personal Details | | Unique Learner Number: <input type="text"/> | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Dr / Other | | | | Male <input type="checkbox"/> | | Female <input type="checkbox"/> | | Date of Birth: | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family Name: | | | | Age as of 31st August 2009: | | | | | | | | | |
| First Name(s): | | | | Home Number: | | | | | | | | | |
| Overseas Address: | | | | Mobile Number: | | | | | | | | | |
| | | | | Emergency Contact Name: | | | | | | | | | |
| | | | | Emergency Contact Number: | | | | | | | | | |
| Postcode: | | | | Passport Number: | | | | Nationality: | | | | | |
| Your Email Address: | | | | Passport Expiry Date: | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|---------------------|---------------------------|
| UK Address : | Contact telephone Number: |
|---------------------|---------------------------|

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| Postcode: |
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| Which course(s) would you like to apply for? | <input type="text"/> |
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|------------------------------------|-------------------------------------|--|--------------------------------|---|
| Why do you want to do this course? | Employment <input type="checkbox"/> | For Further Study <input type="checkbox"/> | Other <input type="checkbox"/> | Please tick <input checked="" type="checkbox"/> |
|------------------------------------|-------------------------------------|--|--------------------------------|---|

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|--|---|--------------------------|----|--|--------------------------|----|------------------------------------|--|
| Equality & Diversity Data - Ethnicity (L12) | | | | I would consider myself as being – Please tick <input checked="" type="checkbox"/> | | | | |
| 11 | Asian or Asian British – Bangladeshi | <input type="checkbox"/> | 12 | Asian or Asian British – Indian | <input type="checkbox"/> | 13 | Asian or Asian British – Pakistani | <input type="checkbox"/> |
| 14 | Asian or Asian British – any other Asian background | <input type="checkbox"/> | 15 | Black or Black British – African | <input type="checkbox"/> | 16 | Black or Black British – Caribbean | <input type="checkbox"/> |
| 17 | Black or Black British – any other Black background | <input type="checkbox"/> | 18 | Chinese | <input type="checkbox"/> | 19 | Mixed – White and Asian | <input type="checkbox"/> |
| 20 | Mixed – White and Black African | <input type="checkbox"/> | 21 | Mixed – White and Black Caribbean | <input type="checkbox"/> | 22 | Mixed – any other Mixed background | <input type="checkbox"/> |
| 23 | White – British | <input type="checkbox"/> | 24 | White – Irish | <input type="checkbox"/> | 25 | Mixed – any other White background | <input type="checkbox"/> |
| 98 | Any other (please state) | <input type="checkbox"/> | | | | | | Office Use Only: Not Provided <input type="text"/> |

The following information is required by the College so that we can help while you are studying. We need to know this before you start your course so that we can set up any support you may need.

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|-------------------------|--|--|----|------------------------------------|--------------------------|----|-------------------------------|------------------------------|-----------------------------|---------------------------|--------------------------|
| Disability (L15) | | Do you consider that you have a disability/health problem? Please tick <input checked="" type="checkbox"/> | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 01 | Visual Impairment | <input type="checkbox"/> | 02 | Hearing Impairment | <input type="checkbox"/> | 03 | Disability affecting mobility | <input type="checkbox"/> | 04 | Other physical disability | <input type="checkbox"/> |
| 05 | Any other medical condition (eg. epilepsy/diabetes/asthma) | <input type="checkbox"/> | 06 | Emotional/behavioural difficulties | <input type="checkbox"/> | 07 | Mental health difficulty | <input type="checkbox"/> | | | |
| 08 | Temporary disability after illness or accident | <input type="checkbox"/> | 09 | Profound/complex disabilities | <input type="checkbox"/> | 10 | Aspergers syndrome | <input type="checkbox"/> | | | |
| 90 | Multiple disabilities | <input type="checkbox"/> | 97 | Other disability | <input type="checkbox"/> | | | | | | |

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|--|--|--|----|----------------------------|--------------------------|----|----------|------------------------------|-----------------------------|--------------------------|--------------------------|
| Learning Difficulty (L16) | | Do you consider that you have a learning difficulty? Please tick <input checked="" type="checkbox"/> | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 01 | Moderate learning difficulty | <input type="checkbox"/> | 02 | Severe learning difficulty | <input type="checkbox"/> | 10 | Dyslexia | <input type="checkbox"/> | 11 | Dyscalculia | <input type="checkbox"/> |
| 19 | Other specific learning difficulty (please state) | <input type="checkbox"/> | | | | | | 20 | Autism spectrum disorder | <input type="checkbox"/> | |
| 90 | Multiple specific learning difficulties (please state) | <input type="checkbox"/> | | | | | | 97 | Other | <input type="checkbox"/> | |
| Would you like to discuss any support you may require in confidence with the College Disability Officer? | | | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |



Qualification Information

Please can you tell us which School/College/University you last attended. (*delete as appropriate)

*School/College/University:

Year left/leaving:

If you do not have any qualifications please tick here

Please tell us about the examinations you have taken. We need to know the exam results of all the subjects taken (eg. GCSE Maths, Grade C, City & Guilds 236 pass/fail). If you took your examinations in another country, please give details of the actual examinations taken and the country.

| Subject & Level | Examinations Board | Result/Grade | Date Taken | Country if not UK | Office Use (entry codes) | Confirmed by |
|-----------------|--------------------|--------------|------------|-------------------|--------------------------|--------------|
| | | | | | | |



Please attach a copy of your qualifications with this application form. We can not process applications without a copy of your qualifications.

Course Details

(Shaded Area for Office Use Only)

| Course Title | Course Code | Learner Start Date | Expected End Date | Total Guided Learning Hours | Actual Tuition Fee | Exam Fee | Tutor Initials for Acceptance onto the course |
|--------------|-------------|--------------------|-------------------|-----------------------------|--------------------|----------|---|
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| Totals | | | | | £ | £ | |

Marketing

Please help us to monitor our marketing and publicity by indicating how you heard about the College. Please tick here

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|-----|--|--------------------------|-----|--|--------------------------|-----|--------------------|--------------------------|
| FF | Friend/Family | <input type="checkbox"/> | LF | Leaflets/Flyers/Posters | <input type="checkbox"/> | NEW | Newspaper/Magazine | <input type="checkbox"/> |
| BP | Banner/Poster | <input type="checkbox"/> | STA | College Stand (eg. Careers Fayre, Festival) | <input type="checkbox"/> | WEB | College Website | <input type="checkbox"/> |
| HOT | Course Directory (eg. Hotcourses, Floodlight) | <input type="checkbox"/> | HOT | Course Directory (eg. Hotcourses, Floodlight) | <input type="checkbox"/> | INT | Other Website | <input type="checkbox"/> |
| EA | Educational Agent (Please state the name of agent below) | <input type="checkbox"/> | EF | Educational Fayre (Please state the name of fayre below) | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> |

Data Protection Statement 2009/2010

Data Protection Act 1998 – The information you will provide will be passed to the learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging and training for young people and adults in England, and is registered under the Data protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at www.lsc.gov.uk/providers/data/help and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

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|--------|----------------------|--------------------------|--|
| 1. (3) | Please tick this box | <input type="checkbox"/> | If you do not wish to be contacted about courses or learning opportunities by post. |
| 2. (4) | Please tick this box | <input type="checkbox"/> | If you do not wish to be contacted by the LSC or its partners in respect or surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. |

Learning Agreement Statement

I agree that the aims of the above learning programme, and the implications of the course(s), including the number of weekly/guided learning hours have been discussed and accepted by me. I agree to attend college regularly and to notify the College of any absences.

I agree to complete coursework, homework and examinations as required.

I agree to abide by College rules and to observe the College's code of conduct for students.

I agree to pay any registration/tuition/examination/installment fees on time, and also for any travel, books and special equipment needed. I accept that the registration/examination/enrolment fees can only be refunded if my course is closed by the College.

I agree to notify the College immediately if I have any change in my personal circumstances which may affect the information I have provided for enrolment purposes, including entitlement to benefits or employment status, and also if my parents'/guardians' circumstances change.

I certify that the information I have given on this form is both true and correct.

Learner Signature

Date

Tutor Signature

Tutor Name

Date

Why have you chosen to study at Greenwich Community College?

Please tick ✓ here

| | | | |
|-----|---|--------------------------|--|
| FIA | Family and friends in the area | <input type="checkbox"/> | |
| LOC | Location | <input type="checkbox"/> | |
| RS | Recommended by a current/previous student | <input type="checkbox"/> | |
| REA | Recommended by an Educational Agent | <input type="checkbox"/> | |
| REP | Reputation | <input type="checkbox"/> | |
| CRS | Course | <input type="checkbox"/> | |
| OT | Other (please state reason opposite) | | |

Course Fees:

You can obtain information on course fees at Greenwich Community College by contacting the international office.

International Office

Greenwich Community College
95 Plumstead Road
London SE18 7DQ

Tel: +44 (0) 208 355 1082/1066
Fax: +44 (0) 208 355 1083
Email: international@gcc.ac.uk

Useful Links:

UK Boarder Agency

www.bia.homeoffice.gov.uk

Greenwich Community College

www.gcc.ac.uk

British Council

www.britishcouncil.org/new

English UK

www.englishuk.com

Education UK

www.educationuk.org

UK Council for International Student Affairs

www.ukcosa.org.uk

VisitLondon

www.visitlondon.com

