

**ST HELENA COMMUNITY COLLEGE APPLICATION FORM (A)**

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| **PERSONAL DETAILS** (\* delete as applicable) | | | | | | | | | | | | | | | |
| Surname/Family Name: | | |  | | | | | | | | | | Gender\* | | |
| First Names: | | |  | | | | | | | | | | Male | | Female |
| Address: | | |  | | | | | | | | | | Resident in St Helena?\* | | |
|  | | | | | | | | | | Yes | | No |
| Post Code: | | |  | | | | | | | | | | St Helenian Status?\* | | |
| Date of Birth: | | |  | | | | | | | | | | Yes | | No |
| Telephone: | | |  | | | | | | Mobile: | | | |  | | |
| Email Address | | |  | | | | | | | | | |  | | |
| **If you are under 18 years, please complete the following section:** | | | | | | | | | | | | | | | |
| Name of Parent/Guardian | | |  | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | |
| Post Code | | |  | | | | | | | | | | | | |
| Telephone: | | |  | | | | | | Mobile: | | | |  | | |
| Signature: | | |  | | | | | | Date: | | | |  | | |
| **EMPLOYMENT STATUS:** | | | | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | Are you Employed? | | |
| Employer: | | |  | | | | | | | | | | Yes | | No |
| Address: | | |  | | | | | | | | | |  | |  |
| Post Code | | |  | | | | | | | | | | | | |
| Telephone: | | |  | | | | | | | | | | | | |
| Email Address: | | |  | | | | | | | | | | | | |
| **PLEASE RATE YOUR COMPUTER LITERACY:** | | | | | | | | | | | | | | | |
| Need Basic Skills | |  | Basic | | | |  | Fairly Competent | | | |  | | Competent | |
| **LEARNING SUPPORT NEEDS -** This information will help us to arrange assistance for you | | | | | | | | | | | | | | | |
| Wheelchair user | |  | Visually Impaired | | | |  | Hearing Impaired | | | |  | |  | |
| Dyslexia | |  | Other Physical disability | | | |  | Other Medical Condition | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **EDUCATION BACKGROUND -** Please provide a list of all accredited qualifications already achieved. | | | | | | | | | | | | | | | |
| Qualification (GCSE, NVQ, City & Guilds, A-Level, AS) | Subject taken or to be taken | | | | | Grade already gained | | | | Predicted grade | | Date taken or to be taken  (DD/MM/YYYY) | | | |
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| **CRIMINAL CONVICTIONS**  The College has a duty of care, particularly to learners who are under 18 years of age. In view of this all applicants are required to declare criminal convictions. All information given will be treated as sensitive data and dealt with confidentially. | | | | | | | | | | | | | | | |
| Do you have a Criminal Conviction? | | | Yes | No | If Yes, details should be submitted in a sealed envelope. Note: A ‘yes’ answer does not automatically exclude your enrolment | | | | | | | | | | |
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| **Your Personal Information:**  We Recognise that your privacy is important to you.  Your information will be kept securely and will not be disclosed to third parties without your permission, unless we are required or permitted by any other Court order. | | | | | | | | | | | | | | | |
| **Applicants Declaration:**  I wish to be considered for Membership of the St Helena Community College.  If admitted I agree to comply with the College policies and/or Code of Conduct. I also agree to SHCC processing my personal data contained within this form or other data, which SHCC may obtain from me or others for any purpose connected with my course application, my studies, my health and safety, or for any other legitimate reason.  If I have not obtained the age of 18 years, I agree that SHCC may contact my parent(s), guardian or carer to discuss this application. | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | Date: | |  | | |

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| **FOR ST HELENA COMMUNITY COLLEGE OFFICE USE ONLY** | | | |
| Date Received: |  | Member ID # |  |
| Application Status: |  | ID Card Issued |  |