

You can also apply online at: www.activatelearning.ac.uk

Section 1: About yourself

Please complete in block capitals and in BLACK INK

Where are you going to learn? ☐ Banbury and Bicester College ☐ Bracknell and Wokingham College ☐ City of Oxford College
☐ Farnham College ☐ Guildford College ☐ Merrist Wood College ☐ Reading College ☐ In the workplace (Activate Apprenticeships)

First names:		Surname:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> M <input type="checkbox"/> Mx:		Legal gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gender association: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other (please state):		<input type="checkbox"/> prefer not to say	
Date of birth: DD / MM / YYYY	Address:		
Town/City:	County:		
Country:	Postcode:		
Nationality:	Have you lived in the UK/EU for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In which country do you normally live in? <input type="checkbox"/> UK <input type="checkbox"/> Other (please state):			
Contact number:	Email:		

Emergency contact details (to be completed by all applicants). This must be your parent/carer if you are under 18

Relationship to applicant:	
First name:	Surname:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> M <input type="checkbox"/> Mx:	
Contact number:	Email:

Activate Learning routinely contacts parents or carers of applicants under 18 about their application. If you are under 18 and do not wish your parent or carer to be contacted, please tick this box ☐

Section 2: Your course(s) choice

Please list the course titles:

Section 3: Your previous education

I am: ☐ Predicted/have achieved 5 GCSE's at A-C (9-4) ☐ Predicted/have achieved 5 GCSE's at D-G (3-1)
☐ Other full level 2 qualification and grade ☐ Other full level 3 qualification and grade ☐ Other qualifications (please state):
 Current/previous school or college:

Section 4: Extra support for you

Do you consider yourself to have a support need, disability and or learning difficulty? ☐ Yes ☐ No if yes, please provide details:

Do you have a EHCP (Educational Health Care Plan) ☐ Yes ☐ No

Section 5: Criminal convictions

This part of the form MUST be completed. Do you have any unspent criminal convictions? ☐ Yes ☐ No

Please refer to our privacy policy for more information:

www.activatelearning.ac.uk/about-activate-learning/group-information/legal/policies

Section 6: Data protection

Please refer to our privacy policy www.activatelearning.ac.uk/about-activate-learning/group-information/legal/policies

If you would like hear about other services provided by Activate Learning please tick this box ☐

Declaration: I confirm that the information given on this form is correct to the best of my knowledge. ☐

Date of application: