

Level of Entry

Do you have any of the following qualifications prior to starting the course? (Please tick the appropriate box).

Level 0	Word Power/ Number Power					
Level 1	GCSE D-G (grades 3-1) or less than 5 GCSE at A-C(grades 9-4), 1 AS Level	BTEC/EDEXCEL 1 st Certificate GNVQ Foundation	NVQ Level 1	C&G Operative Award	C&G Operative Award	
Level 2	5 or more GCSE at A-C (grades 9-4) 2 or 3 AS Level or 1 A Level	BTEC/EDEXCEL 1 st Diploma GNVQ Intermediate	NVQ Level 2	C&G High Operative/Craft	RSA/OCR Diploma Pitman Intermediate Level 2	
Level 3	4 or more AS Level 2 or more A Level	BTEC/EDEXCEL Nat Cert/ Dip GNVQ Advanced	NVQ Level 3	C&G High Advanced Craft Access to HE	RSA/OCR Stage 3 Adv Diploma ESOL Advances Award	
Level 4	First Degree	BTEC/EdEXCEL HNC/ HND Other Higher Cert or Diploma	NVQ Level 4	Teaching Qualification including PGCE	RSA/OCR Adv Certificate RSA/OCR Higher Diploma	
Level 5	Higher Degree	DMS MBA	NVQ Level 5	Other Professional Qualification		
Other (please specify)						
No formal qualifications						

All full-time applicants including apprentices, please list all previous qualifications showing grades expected or achieved (please include any completed or uncompleted apprenticeships).

Subject Title	Awarding Body	Grade Expected	Grade Actual

Employment (including part time/voluntary)

Name and address including postcode of employer	Position held/nature of business	Date of employment

References

Please provide the name and **FULL ADDRESSES** of two character referees.

1. Name:	Address:	Postcode:
2. Name:	Address:	Postcode:

Supporting Statement

For the courses listed below, please attached a written statement (minimum 250 words) describing why you are interested in the course and what you hope to achieve if you successfully complete it.

Level 3 Diploma in Counselling, Foundation Degree in Counselling and Access to Higher Education.

Accessibility		
Disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse affect on your ability to carry out day to day activities.		
Do you consider yourself disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a learning difficulty? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 01 Visual	<input type="checkbox"/> 97 Other - please specify	<input type="checkbox"/> 01 Moderate learning difficulties
<input type="checkbox"/> 03 Mobility	<input type="checkbox"/> 02 Hearing	<input type="checkbox"/> 02 Severe learning difficulties
<input type="checkbox"/> 05 Other Medical	<input type="checkbox"/> 04 Other physical	<input type="checkbox"/> 10 Dyslexia
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> 06 Emotional/behavioural	<input type="checkbox"/> 11 Dyscalculia
<input type="checkbox"/> Diabetes	<input type="checkbox"/> 08 Temporary disability	<input type="checkbox"/> 19 Other specific learning difficulties
<input type="checkbox"/> Asthma	<input type="checkbox"/> 90 Multiple	<input type="checkbox"/> 90 Multiple learning difficulties
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> 97 Other - please specify	<input type="checkbox"/> 97 Other - please specify
<input type="checkbox"/> 07 Mental ill health		
<input type="checkbox"/> 09 Profound/complex		
Do you have an Education, Health & Care Plan (EHCP)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please forward a copy with your application.		
Access Arrangements in Examinations - please tick if you have received any support in the past:		
Extra time <input type="checkbox"/>	Scribe <input type="checkbox"/>	Coloured paper <input type="checkbox"/> Other; please specify:
Reader <input type="checkbox"/>	Use of coloured overlay <input type="checkbox"/>	Use of laptop <input type="checkbox"/>
Household / Technology Access (For access to Virtual Online Learning if required)		
Do you have access to a device such as a laptop or pc within your household? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have access to the internet at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Criminal Convictions		
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>If you do not tick either the 'Yes' or 'No' box, we will contact you to get this information and this will delay your application. Please tick 'Yes' if you have a conviction unless it is:</p> <p>a) A motoring offence that you received a fine or three penalty points for, OR</p> <p>b) A spent sentence (as defined by the Rehabilitation of Offenders Act 1974)</p> <p>Please be aware that for certain courses, particularly in teaching, health and social care, you need to tell us about ANY criminal conviction(s), including spent sentences and cautions. If you are serving a prison sentence you must tick the 'Yes' box. If you are convicted of a criminal offence after you have enrolled, please let us know immediately. If you are not sure whether to tell us about a previous conviction you should get more advice from your Citizens Advice Bureau. In line with the College safeguarding procedure if you declare a conviction we will need to complete a risk assessment form before we can process the application any further.</p>		
Safeguarding - The College's designated Safeguarding Lead is Bev Jackson		
Who do you live with? <input type="checkbox"/> My mother and/or father <input type="checkbox"/> I live on my own <input type="checkbox"/> Another adult (i.e. foster carer, older sister/brother)		
Equality and Diversity		
Please help us monitor our Equality and Diversity policy by ticking the appropriate box. I consider my ethnic origin to be:		
<input type="checkbox"/> 41 Bangladeshi	<input type="checkbox"/> 42 Chinese	<input type="checkbox"/> 34 Any other white background
<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 98 Any other ethnic group
<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 99 Not known/not provided
<input type="checkbox"/> 43 Any other Asian background	<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 38 Any other mixed/multiple ethnic background
<input type="checkbox"/> 44 African	<input type="checkbox"/> 31 White British	<input type="checkbox"/> 46 Any other Black/African/Caribbean background
<input type="checkbox"/> 45 Caribbean	<input type="checkbox"/> 32 Irish	
<input type="checkbox"/> 47 Arab	<input type="checkbox"/> 33 Gypsy or Irish Traveller	
How did you hear about HL College and the course(s) for which you are applying?		
Please tick one box only		
<input type="checkbox"/> School/Careers Advisor (B)	<input type="checkbox"/> Information Day (F)	<input type="checkbox"/> Prospectus (G)
<input type="checkbox"/> Exhibition/Roadshow (O)	<input type="checkbox"/> Advertising (I)	<input type="checkbox"/> Course Tutor (J)
<input type="checkbox"/> Courses Leaflets (H)	<input type="checkbox"/> Student (L)	<input type="checkbox"/> Employer (M)
<input type="checkbox"/> Friends/Relatives (K)	<input type="checkbox"/> Website (A)	<input type="checkbox"/> Social Media (S)
<input type="checkbox"/> Careers Convention (C)	<input type="checkbox"/> Visit to School (D)	<input type="checkbox"/> Other (N)

Signature

All applicants will be interviewed. All courses are offered subject to adequate demand.

Applicants Signature:

Date:

Under the Data Protection Act of 1998 we need your consent before we can process and store your information. By signing this form you are consenting to the personal data you supply being used to: (1) Process your application (2) Investigate and provide the correct level of support that may be required by you. We may share information with your previous educational establishment, local authorities and government organisations as legally required. We do not share your information with any non-relevant third parties.

For learners under 18, the College values the support of parents and guardians

Name(s) of parent(s)/guardian(s) for contact (Block Capitals) please state Mr/Mrs/Mr & Mrs:

Parent(s)/guardian(s) email address:

Please Note: If you do not wish us to contact them regarding your application, please discuss this at your interview.

What happens next...

Return the completed form to the address below by post or in person.

The information contained on this form will be used to process your application and to keep you informed of courses at HL College. If you wish to receive future mailings from us please tick this box
Please visit www.hlcollege.ac.uk for the privacy policy

OFFICE USE ONLY**Overseas Learners (UK Border Agency)**

To study: (Must study a full-time programme if HLC is sponsor)	
To study: (in addition to main studies with other sponsor)	
Sufficient funds to cover cost of course and living expenses:	

Learners not Ordinarily Resident in UK or EEA

Indefinite Leave to Enter, Remain, Right of Abode or Refugee status	
Naturalisation or Registration as British Citizen:	
Spouse/Civil Partner of 'settled' UK, EU or EEA Resident: (lived in UK more than 1 yr and married more than 1 yr)	
Asylum Seeker	
Accompanying parents or the child of one of the above categories:	

**Overseas Learners (UK Border Agency)
- Office use only**

Passport: photocopy every page of original signed and dated by staff member (will be shredded at end of course)

**Learners not Ordinarily Resident in UK or EEA
- Office use only**

Passport Number:	
Visa Number:	
Visa Type:	
Visa Expiry Date:	
Staff Signature	

If you have problems completing your application form please call our Admissions Team on 0800 032 1986

Please complete and return the form to the **FREEPOST** address below. Please write address clearly.
FREEPOST RTKT-SLSZ-ACBL, Herefordshire & Ludlow College Admissions Office, Folly Lane, Hereford HR1 1LS

Fax: 01432 365 395 web: www.hlcollege.ac.uk email: enquiries@hlcollege.ac.uk

[For Office Use Only]

Date on system:	Initials:
Inputted to EBS:	Initials: