

Application for International Students

Further Education courses



Please complete all sections of the form

Course Title Applied for (this must be a Level 3 or above):

Code

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|--|--|--|--|--|

Title: Mr / Mrs / Ms / Miss / Other: _____ Surname: _____

First Name/s: _____ Date of Birth: _____ Age: _____

Permanent home country address: *(please print)* _____ Address for correspondence: *(if different)* _____

Post code: _____ Post code: _____

Telephone number: _____ Telephone number: _____

Mobile number: _____

Email: _____

Please give name of parents / guardians: _____
(if under 18)

Email: _____

Please give name of emergency contact: _____

Emergency Telephone number (daytime): _____ Emergency Mobile number: _____

Normal Country of Residence: _____

Is English your first language? *(please circle)* **YES / NO**

Please state language spoken if English is not your first language: _____

Agents Name (if applicable): _____ Agents email: _____

Agent's alternative contact: _____

Ethnic Origin – (please tick appropriate box)

| | | | | | |
|---|----|---|----|--|----|
| English/Welsh/Scottish/ Northern Irish/British | 31 | White and Asian | 37 | Any other Asian background | 43 |
| Irish | 32 | Any other Mixed/Multiple ethnic group | 38 | African | 44 |
| Gypsy or Irish Traveller | 33 | Indian | 39 | Caribbean | 45 |
| Any other White background | 34 | Pakistani | 40 | Any other Black/African/ Caribbean background | 46 |
| White and Black Caribbean | 35 | Bangladeshi | 41 | Arab | 47 |
| White and Black African | 36 | Chinese | 42 | Any other ethnic group | 98 |

Supporting you at BCoT

Do you have a disability / health problem or learning difficulty? *(please circle)* **YES / NO**

(If yes please circle all that apply and tick the main one)

| | | | |
|-------------------------------------|--|---|--|
| 4 Visual impairment | | 14 Autism spectrum disorder | |
| 5 Hearing impairment | | 15 Asperger's syndrome | |
| 6 Disability affecting mobility | | 16 Temporary disability after illness or accident | |
| 7 Profound complex disabilities | | 93 Other physical disability | |
| 8 Social and emotional difficulties | | 94 Other specific learning difficulty | |
| 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 | | | |

Additional learning support required (please provide details): _____

Are you prepared for the information to be forwarded to appropriate staff within the college **YES / NO**
(please circle)

If "No" would you like a confidential interview with the Additional Needs Support Tutor **YES / NO**
(please circle)

Do you have any unspent criminal convictions (other than minor motoring offences)? **YES / NO**

If you indicate that you have unspent criminal convictions your application will not be processed until you have completed a declaration of criminal convictions form which will be posted to you).

The government requires us to ask all our learners to declare if they have any unspent criminal convictions as defined by the Rehabilitation of Offenders Act 1974.

Referee details

Please provide the name and address of a reliable educational or employer referee who we may contact for extra information about your abilities and prospects for study in the UK. If you do not have an employer or educational referee please give details of a personal referee. This cannot be a family member or someone residing at the same address as you. You must include an e-mail address to ensure a timely reply.

Title: Mr / Mrs / Ms / Miss / Other: _____ Surname: _____

First Name/s: _____ Tel No: _____

Email: _____

Home Address: *(please print)*

Post code: _____

Personal Statement – 500 words to be handwritten

Please tell us why you have applied for your chosen course and if you have experience in this area, you should include your interests, hobbies and any work / employment experience you may have had. Also include any other relevant information that we may need to know. Please continue on a separate sheet and attach it to this form.

Applicant's Signature: _____ Date: _____

Qualifications - Please list qualifications already gained and examinations to be taken:

| Type of Exam and Level (e.g. GCSE, BTEC ND, A Level etc.) | Subject | Year to be taken or year taken | Predicted Grade | Actual Result (if applicable) | Certificate verified, staff to initial |
|--|---------|--------------------------------|-----------------|----------------------------------|--|
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Please enclose **translated** copies of examination certificates and transcripts, originals will need to be seen at enrolment.

IELTS TEST SCORE

A minimum score of B1/5.5 is required for Further Education courses and B2/6.0 with a minimum of 5.5 in each element for Higher Education. Please also refer to individual course sheets for variations.

| Listening | Reading | Writing | Speaking | Overall score |
|-----------|---------|---------|----------|---------------|
| | | | | |

VISA Requirements

| Passport Number | Country of Issue | Visa Type (if granted) | Visa Issue date | Visa Expiry date |
|-----------------------------------|------------------|-----------------------------|------------------|------------------|
| | | | | |
| Biometric Residence Permit Number | | Permit Type (if granted) | Valid until date | |
| | | | | |

Tick (if included)

| | |
|--|--|
| A copy of your passport / visa is required. | |
| Please enclose copies of bank statements showing the required funds (There should be 28 days between them. Originals will need to be seen at enrolment) | |

Please be aware any incomplete application forms will be returned to the applicant. All applicants are required to supply reference details and complete a personal statement. The information collected on this form will be used to process your application for a full time place at this College and may be used for statistical analysis. The College is registered under the Data Protection Act 1998. Basingstoke College of Technology recognises that all members of the College community are of equal value, irrespective of gender, ethnic origin, class, age, marital status, disability, religion, sexual orientation or any other perceived difference. As such they are entitled to be treated fairly and without prejudice in every aspect of College life. Please sign the form to confirm your agreement to this form being processed.

Declaration - I confirm that the information given on this form and in the accompanying documents is true and complete. If I am offered a place at Basingstoke College of Technology, I will be responsible for obtaining the correct visa. I agree to the £200.00 administration fee, to attend the whole course and to pay the whole tuition fee before commencement of the course. I accept the Basingstoke College of Technology has the right to change my course if this is in my best interest.

I confirm that sufficient funds are available to me for the duration of my stay in the UK (tuition fees and all living costs)

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if under 18 years)