



By completing this application form, you consent for Brockenhurst College to enter your information on our application system.

If you would prefer to do this yourself, visit: www.brock.ac.uk/apply

Please complete all fields in full in order for us to process your application.

Personal Details		
Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth	Age on 1st Sept. 2021
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Post Code	Email address	
<input type="text"/>	<input type="text"/>	
Home phone number	Mobile number	National Insurance number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian or Emergency Contact 1		
Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Home phone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Post Code	Email address	
<input type="text"/>	<input type="text"/>	

Parent/Guardian or Emergency Contact 2		
Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Home phone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Post Code	Email address	
<input type="text"/>	<input type="text"/>	

Nationality and Residency
What is your current status in the UK? (British Citizen, EU National, Asylum Seeker, etc.)
<input type="text"/>
What is your normal country of residence?
<input type="text"/>
Have you been settled in the UK or an EU country for the last 3 years?
<input type="text"/>
Ethnic Origin (British, Arab, Chinese, African, Irish, etc.)
<input type="text"/>

DATA PROTECTION ACT:

Student data is held on computer and manual filing systems during your application to the College, throughout the course of study and after you have left. After you have enrolled, the College will occasionally make student information available to external agencies (e.g. examination boards, career service, results publication, government agencies, prospective employers etc). In addition, your photograph or likeness may be used in College related publicity material (e.g. prospectus etc).

By signing this document, you agree that your personal information can be processed and used in this way, after enrolment. You may find out more and discuss limiting the way your personal information is to be used by contacting the College.

Brockenhurst College is registered under the Data Protection Act 1998. You can see a full copy of the College Data Protection Policy on request.

Individual Needs/Additional Support

Do you have any of the following physical or mental health issues and/or disabilities?

- | | |
|--|--|
| <input type="checkbox"/> Visual or hearing | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Impairment Disability | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Affecting mobility Asthma | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> ME/Chronic Fatigue | <input type="checkbox"/> Glandular Fever |
| <input type="checkbox"/> Syndrome Seizures | <input type="checkbox"/> Temporary disability after illness/ |
| <input type="checkbox"/> Profound/Complex disability | <input type="checkbox"/> Injury/Other; state below: |

Do you take medication. If so, please give details:

Will you need to take medication at College?

Please be aware that you are responsible for carrying and storing your own medication securely whilst at the college unless otherwise agreed with the College Nurse.

Have you been given specific medical advise to follow in emergencies?

- Yes No

If yes, please give details:

Do you wear a medical alert bracelet/necklace detailing the nature of your condition?

- Yes No

Do you have any mental health conditions; past, present or awaiting assessment?

- | | |
|--|--|
| <input type="checkbox"/> Social/Emotional difficulties | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Low Mood | <input type="checkbox"/> OCD |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Self-harming |
| <input type="checkbox"/> Phobia | <input type="checkbox"/> Other; state below: |

Please state the support you are currently receiving, eg; contact details for Key work, CAMHS contact, etc.

Name	Role	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you receive support from this individual at School?

- Yes No

Special education needs and/or disabilities

Have you received any learning support from school?

Yes No

If yes, please give details on the type of support received:

Do you have any of the following (tick all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> School Action Plan | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Statement of Special Educational | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Need EHCP | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> Educational Psychologist Report | <input type="checkbox"/> AD(H)D |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autistic Spectrum Disorder (incl. Asperger's Syndrome) |

Additional support information

Is English your first language?

Yes No

If no, please confirm your first language:

Have you previously had special exam arrangements?

Yes No

If yes, please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Extra time | <input type="checkbox"/> Separate/small |
| <input type="checkbox"/> Reader/computer Reader | <input type="checkbox"/> Room rest breaks |
| <input type="checkbox"/> scribe | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Enlarged papers |
| <input type="checkbox"/> Other (please state below): | |

Welfare Support

Do you live at home with your parents?

Yes No

- If no, what are your living arrangements?

Do you have a Social or Support Worker?

Yes No

- If yes, please provide details (name, contact number, etc.)

Are you a Looked After Child or Care Leaver?

Yes No

Are you a Young Carer for a family member?

Yes No

- If yes, please provide details

Are you under Special Guardianship?

Yes No

Are you known to Social Services/Family Support Services (past or present)?

Yes No

Is there anything else you would like us to know to enable us to support you whilst you are studying at Brock?

Course Details

I wish to study the following courses

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Education & Qualifications

Name of previous school or college

Please give details of all of your vocational and academic qualifications

Subject	Level (GCSE, BTEC etc)	Grade (or predicted)	Achievement date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a separate sheet with additional qualifications if there is insufficient space.

Further Information

Do you have any criminal convictions, any outstanding court proceedings, or are you on any offenders registers or know to the youth offending probationary services?

Yes

No

Are you currently employed?

Yes

No

If you said yes, how many hours per week?

How long have you been in your current employment?

Personal Statement

Please attach a personal statement with your application. This should include your interests in and out of school. Please also give details on why you're applying for the courses you have, along with any career plans you have in mind for post-sixth form. In addition, please include any positions of responsibility you've held, any community service or work experience you've completed or any part-time employment you've undertaken.

Student Signature

Date

Parent/Guardian Signature

Name

Date