

Ethnicity- for statistical purposes only (please tick)Asian or Asian British-Bangladeshi 11Black or British-Caribbean 16Mixed White & Black Caribbean 21Asian or Asian British-Indian 12Any Other Black Background 17Any Other Mixed Background 22Asian or Asian British-Pakistani 13Chinese 18White British 23Any Other Asian Background 14Mixed White & Asian 19White Irish 24Black or British-African 15Mixed White & Black African 20Any Other White Background 25Other 98 (Please state) _____

Country of Domicile _____

Nationality _____

Emergency Contact Details

Please give details of whom we should contact in an emergency

1. Full Name _____ Relationship _____

Tel No. (day) _____ Tel No. (eve) _____

2. Full Name _____ Relationship _____

Tel No. (day) _____ Tel No. (eve) _____

Qualifications**GCSE/A - Level Qualifications**

If you have taken the exam, please enter the year and the grade in the boxes alongside the subject. If you are due to take the exam in 2008, please enter "2008" in the year column and leave the grade box blank.

Subject	Year	Grade	Subject	Year	Grade
Mathematics			Business Studies		
English (Language)			Statistics		
English (Literature)			Spanish		
Science (Double Award)			Home Economics - Child Development		
Physics			Short Course Religious Education		
Biology			Short Course Information Technology		
Chemistry			Short Course Citizenship		
French			Short Course PE		
German			Any other GCSE subjects not listed:		
Geography					
History					
Religious Studies					
Art & Design					
Information Technology					
Resistant Materials			A - Level Courses:		
Technology - Food					
Technology - Graphic & Media					
Technology - Textiles					
Sports/PE Studies					
Drama					
Music					

Employment (including part-time/voluntary)

Name/Address of Employer	Position Held/Nature of Business	Main Responsibilities

Student Support

Do you require advice on any of the following? (please tick all that apply)

Finance Residential Bursary Access Fund Accommodation Transport **Enquiry Source**

How did you hear about the College? (Please tick one of the following)

Internet Family/Friends UCAS Fairs School/College HCA Website College Lit Press Coverage UCAS Website Other

Learning Difficulties and/or Disabilities and/or Health Problems

The Governors and the staff of the College take their duties under the Disability Discrimination Act (as amended by the Special Educational Needs Act 2001) very seriously. If you consider yourself to have a learning difficulty and/or disability and/or health problem, please ensure that we know your requirements below so that we can make reasonable adjustments to help you succeed. **Any information provided below will in no way jeopardise your application.**

Are you currently taking any medicine or receiving medical treatment? (please tick) Yes No
 (If yes, please give details in the space below)

Please complete both tables below by placing a tick in the relevant boxes.

Disability and/or Health Problem

No disability	<input type="radio"/>	Allergies	<input type="radio"/>
Visual impairment	<input type="radio"/>	Asthma	<input type="radio"/>
Colour blindness	<input type="radio"/>	Diabetes	<input type="radio"/>
Hearing impairment	<input type="radio"/>	Epilepsy or other fits	<input type="radio"/>
Disability affecting mobility	<input type="radio"/>	Heart disease	<input type="radio"/>
Other physical disability	<input type="radio"/>	Back, joint or bone conditions	<input type="radio"/>
Emotional/behavioural difficulties	<input type="radio"/>	Fainting	<input type="radio"/>
Mental ill health	<input type="radio"/>	Depression	<input type="radio"/>
Temporary disability after illness or accident	<input type="radio"/>	Schizophrenia	<input type="radio"/>
Profound/complex disabilities	<input type="radio"/>	Myalgic Encephalopathy (M.E.)	<input type="radio"/>
Multiple disabilities	<input type="radio"/>	Other (please give details in the space below)	<input type="radio"/>

Learning Difficulties

No learning difficulties	<input type="radio"/>	Moderate learning difficulties	<input type="radio"/>
Severe learning difficulties	<input type="radio"/>	Dyslexia	<input type="radio"/>
Dyscalculia	<input type="radio"/>	Other specific learning difficulties	<input type="radio"/>
Multiple learning difficulties	<input type="radio"/>	Other (please give details in the space below)	<input type="radio"/>

Please give further details of disabilities and/or learning difficulties and/or health problems and/or medication taken.

I have extra time or access arrangements for my examinations/assessments: Yes No

I certify that the information I have provided is correct

I agree to Hereford College of Arts using the personal data contained on this form or any other data obtained from me or other people, for any purpose connected with my studies, health and safety or for any other legitimate purpose, under the Data Protection Act (1998).

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

(If applicant is under 18 years of age)

You have now completed your application form. Please ensure that the common reference form is completed by your School/College.

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Learner ID _____

Interview Date _____ Date _____ Course _____

Second Interview Date _____ Date _____ Course _____

Outcome of Application _____

HSFC informed (AS/A2/GCSE) Yes Initial _____

COMMENT ON THE APPLICANT (tick as appropriate)

	Excellent	Very good	Satisfactory	Some cause for concern
Health				
Attendance				
Punctuality				
Comments				

PERSONAL QUALITIES

Extremely enthusiastic	
Keen and interested	
Moderately interested	
Shows little or no interest	

Comments

Very reliable and trustworthy	
Normally reliable	
Usually needs supervision	
Difficult and unreliable	

Comments

Very well behaved	
Usually well behaved	
Some behavioural problems	
Substantial behavioural problems	

Comments

RESPONSIBILITIES/INTERESTS/INVOLVEMENT IN EXTRA CURRICULAR ACTIVITIES

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ADDITIONAL SUPPORT NEEDS CURRENTLY MET BY SCHOOL

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Name of Referee	Position
School/College	Contact Telephone Number
Signature	Date

Please return this completed reference to the Registry Office,
 Hereford College of Arts, Folly Lane, Hereford, HR1 1LT
 Tel: 01432 273359 Fax: 01432 341099 Email: registry@hca.ac.uk

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Member of staff conducting interview _____ Tutorial Group _____ Grading Box

General description of the folio/workshop/audition (amount and content)

Describe the student's response to the interview (attitude and personality)

Result (please tick)

- **Conditional Offer** **Pending Examinations** **Satisfactory References**
- **Probation Period** **Additional learning support**

Title of Course _____

- **Unconditional Offer**

Title of Course _____

- **Second Interview/Set Work** Title of Course _____

Agreed Date _____

Agreed Time _____

Work Set

- **Rejection**

Reason

- **Interview for another Course** Title of Course _____

• Staff Signature _____ Date _____

Certificate of Initial Assessment and Guidance

This is to certify that the applicant has been assessed for his/her eligibility to study at this College and has received, from the signatory below, the necessary guidance to inform his/her selection of study programmes.

The student's assessment and guidance covered the following key topics (please tick all topics covered)

- Entry Requirements
- The student's suitability for the intended programme of study
- An outline of the intended programme of study eg. aim, content etc.
- Full cost of the study programme for the student
- Financial support options if applicable (including Educational Maintenance Allowance)
- Choice of alternative programmes of study where applicable
- Approximate exemptions and credits where applicable
- A2/AS/GCSE option at HSFC discussed where applicable
- Accommodation Information received where applicable
- Transport application received where applicable

The student's suitability and the resulting guidance has been based upon the contents of this form, his/her application folio and as a result of discussion at advisory and formal interviews

Staff Signature _____ Date _____