

For Office Use Only

Learner ID _____ Reference? Y N LD Y N HP Y N OU OC OAC R D WD
 Interview date/time _____ 2I date/time _____ NS1 date/time _____

Hereford College of Arts

APPLICATION FORM Further Education Courses 2012/2013

There will be no closing date for the receipt of applications but we strongly advise you to submit your application by 31st March 2012 to ensure that you are considered for a place in September 2012.
 Please return the completed form to the Registry Office, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT
 If you require any further assistance, please contact 01432 273359 or email registry@hca.ac.uk

Personal Details

Full Name _____ Preferred Name _____

Title (Please tick) Mr Mrs Miss Ms Other Sex (Please tick) M F

Age on 31st August 2012 _____ Date of Birth _____

Address _____

 _____ Postcode _____

Mobile _____ Home Tel No. _____
 E-mail _____

Please give details of whom we should contact in an emergency

Title _____ Full Name _____ Relationship _____
 Tel No. (day/work) _____ Tel No. (mobile) _____
 E-mail _____

Name of School/College you currently/previously attend(ed) _____

Do you have a relation who has attended the College? Yes No



Course Details (please indicate which course you wish to apply for)

(Please consult the *Courses* section on www.hca.ac.uk for entry requirements if you are unsure which course you should apply for)

Level 2 courses: BTEC Diploma in Art & Design BTEC Diploma in Performing Arts **Entry Level/Level 1 course:** Contact Course

Level 3 courses*: BTEC Extended Diploma Art & Design BTEC Extended Diploma Performing Arts BTEC Extended Diploma Music
 BTEC Extended Diploma Comm & Marketing UAL Foundation Diploma Art & Design UAL Portfolio Course

* Please note - BTEC Extended Diploma students complete a BTEC Subsidiary Diploma in their first year, before progressing onto the BTEC Extended Diploma in the second year.

Ethnicity (for statistical purposes only)

English/Welsh/Scottish/N. Irish/British <input type="checkbox"/> 31	White & Asian <input type="checkbox"/> 37	Chinese <input type="checkbox"/> 42
Irish <input type="checkbox"/> 32	Any other mixed/multiple ethnic background <input type="checkbox"/> 38	Any other Asian background <input type="checkbox"/> 43
Gypsy or Irish Traveller <input type="checkbox"/> 33	Indian <input type="checkbox"/> 39	African <input type="checkbox"/> 44
Any other White background <input type="checkbox"/> 34	Pakistani <input type="checkbox"/> 40	Caribbean <input type="checkbox"/> 45
White & Black Caribbean <input type="checkbox"/> 35	Bangladeshi <input type="checkbox"/> 41	Any other Black/African/Caribbean background <input type="checkbox"/> 46
White & Black African <input type="checkbox"/> 36		Arab <input type="checkbox"/> 47
Any other ethnic group (please state) <input type="checkbox"/> 98		

Country of Domicile _____ Nationality _____

Have you been resident in the UK/EU for the last three years, prior to the start of your learning programme? Yes No

Is English your first language? Yes No If no, please state first language _____

Learning Difficulties and/or Health Problems and/or Disabilities

If you consider yourself to have a learning difficulty, health problem and/or disability, please ensure that we know your requirements so that we can make all reasonable adjustments to help you succeed.

Any information provided below will in no way jeopardise your application.

Health Problem and/or Disability (please tick where appropriate)

No health problem/disability	<input type="checkbox"/> 98		
Visual impairment	<input type="checkbox"/> 01	Allergies (please state below)	<input type="checkbox"/> 05
Colour blindness	<input type="checkbox"/> 01	Asthma	<input type="checkbox"/> 05
Hearing impairment	<input type="checkbox"/> 02	Diabetes	<input type="checkbox"/> 05
Disability affecting mobility	<input type="checkbox"/> 03	Epilepsy or other fits	<input type="checkbox"/> 05
Other physical disability	<input type="checkbox"/> 04	Heart disease	<input type="checkbox"/> 05
Emotional/behavioural difficulties	<input type="checkbox"/> 06	Back, joint or bone conditions	<input type="checkbox"/> 05
Mental health difficulty	<input type="checkbox"/> 07	Asperger's syndrome	<input type="checkbox"/> 10
Temporary disability after illness or accident	<input type="checkbox"/> 08	Depression	<input type="checkbox"/> 07
Profound/complex disabilities	<input type="checkbox"/> 09	Schizophrenia	<input type="checkbox"/> 07
Multiple disabilities	<input type="checkbox"/> 90	Myalgic Encephalopathy (M.E.)	<input type="checkbox"/> 05
Other (please give details below)	<input type="checkbox"/> 97	Fainting	<input type="checkbox"/> 05

Learning Difficulties (please tick where appropriate)

No learning difficulties	<input type="checkbox"/> 98		
Moderate learning difficulties	<input type="checkbox"/> 01	Dyscalculia	<input type="checkbox"/> 11
Severe learning difficulties	<input type="checkbox"/> 02	Dyslexia	<input type="checkbox"/> 10
Multiple learning difficulties	<input type="checkbox"/> 90	Autism spectrum disorder	<input type="checkbox"/> 20
Other (please give details below)	<input type="checkbox"/> 97	Other specific learning difficulties	<input type="checkbox"/> 19

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

Are you currently taking any medication or receiving medical treatment? (please tick) Yes No

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

Do you have any criminal convictions? Yes No If yes, please give details _____

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 note the form may be returned to you if information is incomplete and it is unsigned by yourself and a parent/guardian (where applicable).
Please ensure that the common reference form is completed by your School/College.**

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- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Advisory Interview | <input type="checkbox"/> Initial (1st) Interview | <input type="checkbox"/> 2nd interview/additional work | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Health Problem/Disability |
| <input type="checkbox"/> Needs Reference | <input type="checkbox"/> No Show 1 (NS1) | <input type="checkbox"/> Internal Applicant | <input type="checkbox"/> Mature (19+) | <input type="checkbox"/> Needs IELTS 5 (reading & writing) |
| <input type="checkbox"/> Criminal Conviction | <input type="checkbox"/> England | <input type="checkbox"/> Wales | <input type="checkbox"/> Scotland/N.Ireland | <input type="checkbox"/> EU (Excl. Scotland/Northern Ireland) |

Interview Assessment

Has the applicant achieved or been predicted to achieve the course entry requirements? (check reference) Yes No

	Excellent	Satisfactory	Weak		Excellent	Satisfactory	Weak
Quality of portfolio/audition				Performance at interview			
Quality of personal statement				Subject knowledge & understanding			
Quality of written work				Knowledge about the course			
Quality of reference				Suitability for course			

Please state the level the has the applicant has achieved in their bksb Initial Online Assessments: English _____ Maths _____

Further comment on the quality of the applicant/interview/portfolio/workshop/audition (this must be completed):

Are there any issues you feel should be brought to the attention of the Learning Support Manager? (please detail):

Are there any issues you feel should be brought to the attention of the Student Experience & Support Coordinator?(please detail):

Interview Outcome (please tick)

Title of Course _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Conditional Offer (please tick condition/s) | <input type="checkbox"/> 5 GCSEs A*-C (Ext Dip courses only) | <input type="checkbox"/> 4 GCSEs A*-E (Lv2 courses only) |
| | <input type="checkbox"/> 1 A2 A*-E in relevant subject (Foundation Dip only) | <input type="checkbox"/> Satisfactory References |
| | <input type="checkbox"/> Successful completion of current programme | <input type="checkbox"/> IELTS 5 (reading & writing) |

Unconditional Offer (please ensure that you have stated above evidence as to why the offer is unconditional)

Second Interview Required Please state deadline _____ Person to conduct 2nd Interview _____

Details of work set

Rejection

Reason for rejection

Recommend Interview for another Course Please state title of Course _____

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 (please tick all topics covered)

- | | |
|---|--------------------------|
| Confirmation from the applicant that the work in their portfolio is their own | <input type="checkbox"/> |
| The applicant's suitability for the intended programme of study and entry requirements | <input type="checkbox"/> |
| An outline of the intended programme of study e.g. aim, content, Functional Skills/Wider Key Skills, etc. | <input type="checkbox"/> |
| Completion of the Initial English & Maths Assessments by the applicant | <input type="checkbox"/> |
| Full cost of the study programme for the applicant | <input type="checkbox"/> |
| Financial support options, where applicable (e.g. 16-19 Bursary) | <input type="checkbox"/> |
| Choice of alternative programmes of study (where applicable) | <input type="checkbox"/> |
| Approximate exemptions and credits (where applicable) | <input type="checkbox"/> |
| IELTS 5 (reading & writing) or equivalent, where English is not the applicant's first language | <input type="checkbox"/> |
| Transport and accommodation information received (where applicable) | <input type="checkbox"/> |
| Learning Support discussed (where applicable) | <input type="checkbox"/> |
| The role of the Student Information Services explained | <input type="checkbox"/> |
| Criminal convictions discussed (where applicable) | <input type="checkbox"/> |

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

Applicant's Signature _____ Date _____ Staff Signature _____ Date _____

Member(s) of staff conducting interview (print names) _____

Comment on the Applicant (please tick as appropriate)

	Excellent	Very Good	Satisfactory	Cause for Concern
Health				
Attendance				
Punctuality				

Comments

Personal Qualities

Extremely enthusiastic

Keen and interested

Moderately interested

Shows little or no interest

Very reliable and trustworthy

Normally reliable

Usually needs supervision

Difficult and unreliable

Very well behaved

Usually well behaved

Some behavioural problems

Substantial behavioural problems

Comments

Comments

Comments

Responsibilities/Interests/Involvement in Extra Curricular Activities

Additional Support Needs Currently Met by School

Name of Referee _____

Position _____

School/College _____

Contact Telephone Number _____

Signature _____

Date _____

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