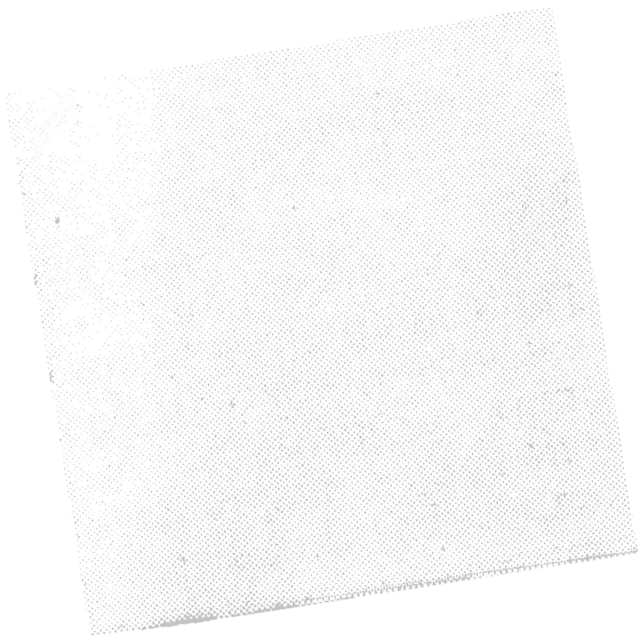
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| HIGHER EDUCATION APPLICATION FORM 2022 | | | | | | | | | | | | | | | | | | |  | | | | | |
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| This application form can be used for:   * Part-time applications. * Internal applications from Further Education to Higher Education (as long as the applicant is **only** applying to HCA). * Transfers from another Higher Education provider (as long as the applicant is **only** applying to HCA). * Late Applications from July 2022 (as long as the applicant is **only** applying to HCA).   Full-time applicants wishing to apply to other institutions as well as HCA should do so online at [www.ucas.com](http://www.ucas.com) as part of the UCAS application cycle and should **not** use this form.  Once an applicant has accepted our offer, the College will apply to UCAS via the Record of Prior Acceptance (RPA) system on their behalf. This will avoid the applicant incurring a UCAS application fee. We will not need to do this for part-time applicants.  **All correspondence with regards to this application will be sent by email.** Please ensure that your email address is correct and you inform the Registry Department if any of your personal details on this form change.  If you have any queries or difficulties when completing this form please contact the Registry Office on 01432 273359 or email [registry@hca.ac.uk](mailto:registry@hca.ac.uk). All completed forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; scanned and emailed through to [registry@hca.ac.uk](mailto:registry@hca.ac.uk) or handed in to reception at our Folly Lane campus. | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Forename | |  | | | | Legal Surname | | | |  | | | | | | | | Preferred Name | | |  | | | |
| Pronoun | | He/Him |  | | She/Her | |  | | Them/They | | | | | |  | Legal Sex | | | Male |  | | | Female |  |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | | Date of Birth | | | | | | | |  | | | | | |
| Telephone | |  | | | | | | | | | Mobile number | | | | | | | |  | | | | | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Correspondence with regards to this application will be sent to your email address, please ensure it is correct** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of College/establishment you currently/previously attend(ed): | | | | | | | | | | | |  | | | | | | | | | | | | |
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| COURSE APPLIED FOR(please tick relevant boxes) | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode of Study | | Full-Time | |  | | Part-Time | | | |  | | | |  | | | | | | | | | | |
| Level of Study | | **BA (Hons) Degree**  (Three years FT/Six years PT) | | | | | | | |  | | | | **Foundation Degree**  (Two years FT/Four years PT) | | | | | | | | | |  |
| **Level 5 Direct Entry**  (Two years FT/Four years PT) | | | | | | | |  | | | | **BA (Hons) Top Up Degree**  (One year FT/Two years PT) | | | | | | | | | |  |
| Direct Entry/Top Up Applicants will have successfully completed a UK based Level 4/Level 5 qualification such as a HNC, HND or FdA and be able to provide their certificate, transcripts and course module guides to UWTSD (our awarding body) upon request. | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | | | | | | | | | | | | | | | | | | |
| Artist Blacksmithing\*/\*\* | | | | | | | |  | | | | | | Illustration & Animation | | | | | | | |  | | |
| Contemporary Design Crafts | | | | | | | |  | | | | | | Jewellery Design | | | | | | | |  | | |
| Creative Sound & Music\* | | | | | | | |  | | | | | | Performing Arts\* | | | | | | | |  | | |
| Fine Art | | | | | | | |  | | | | | | Photography | | | | | | | |  | | |
| Graphic & Media Design | | | | | | | |  | | | | | | Textile Design | | | | | | | |  | | |
| Illustration | | | | | | | |  | | | | | |  | | | | | | | |  | | |
| \* Is not available in part-time study mode | \*\* Is not available as Direct Entry or Top Up | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| Please enter grades for GCSE English & Maths. In addition, please enter all post-16 qualifications and grades you have taken or are due to take. If you are due to take exams in 2022 please enter ‘2022’ in the year column and enter your predicted grade in the relevant column.  **This section must be completed by all applicants, including mature students.** | | | | | | | | | | | | | | | | | | | | | | | |
| Qualification | | | | | | | | | | | | Grade | | | | Predicted Grade | | | | | Year | | |
| GCSE English | | | | | | | | | | | |  | | | |  | | | | |  | | |
| GCSE Maths | | | | | | | | | | | |  | | | |  | | | | |  | | |
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| PREVIOUS HIGHER EDUCATION EXPERIENCE | | | | |
| Have you started a Higher Education course in the UK before? | YES |  | NO |  |
| Did you successfully complete the course? | YES |  | NO |  |
| If yes, please give details below including the level (eg. BA (Hons), Foundation Degree), the title of the course and when the qualification was achieved (approximately): | | | | |
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| EMPLOYMENT | | |
| Employer & Job Title | Responsibilities | Dates – From & To |
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| ETHNICITY – for statistical purposes only | | | | | | | | | | | | | | | | | | | | | |
| English/Welsh/Scottish/Northern Irish/British | | | |  | | Irish | | | | | | |  | Gypsy or Irish Traveller | | | | | | |  |
| Any other White background | | | |  | | White and Black Caribbean | | | | | | |  | White and Black African | | | | | | |  |
| White and Asian | | | |  | | Any other Mixed/multiple ethnic background | | | | | | |  | Indian | | | | | | |  |
| Pakistani | | | |  | | Bangladeshi | | | | | | |  | Chinese | | | | | | |  |
| Any other Asian background | | | |  | | African | | | | | | |  | Caribbean | | | | | | |  |
| Any other Black/African/Caribbean background | | | |  | | Arab | | | | | | |  | Any other ethnic group | | | | | | |  |
| Country of Domicile |  | | | | | | | | | | Nationality | | | |  | | | | | | |
| Have you been resident in the UK for the last three years, prior to the start of your course? | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If **yes**, please confirm your date of entry to the UK (dd/mm/yyyy) | | | | | | | | | | | | | | | / / | | | | | | |
| If you are an EU National or Overseas student, please confirm if you have one of the following | | | | | | | | Pre-settled Status | |  | | Settled Status | | | |  | | Student Visa | |  | |
| Is English your first language? | | YES |  | | NO | |  | | If **no**, please state first language | | | | | |  | | | | | | |
| PERSONAL STATEMENT | | | | | | | | | | | | | | | | | | | | | | |
| Please write a supporting/personal statement here  (You should describe how your interest in your chosen subject has developed and why you feel your choice of course is right for you. You may wish to mention your future career plans, any related skills, jobs, work experience or work placements) | | | | | | | | | | | | | | | | | | | | | | |

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| DISABILITIES AND/OR HEALTH PROBLEMS AND/OR LEARNING DIFFICULTIES | | | | | | | | | | | | | | | |
| If you consider yourself to have a disability and/or health problem and/or learning difficulty, please ensure that we know your requirements  so that we can make all reasonable adjustments to help you succeed. The College is required to monitor the extent and effect of disabilities, health problems and/or learning difficulties. | | | | | | | | | | | | | | | |
| Health Problem and/or Disability | | | | | | | | | | | | | | | |
| **No disability/health problem** | | |  | Allergies (please give details below) | | | | | | | | | |  | |
| Visual impairment (not corrected by contact lenses/glasses) | | |  | Asthma | | | | | | | | | |  | |
| Colour blindness | | |  | Back, joint or bone conditions (please give details below) | | | | | | | | | |  | |
| Hearing impairment | | |  | Diabetes | | | | | | | | | |  | |
| Disability affecting mobility (please give details below) | | |  | Epilepsy or other fits | | | | | | | | | |  | |
| Other physical disability (please give details below) | | |  | Heart Disease | | | | | | | | | |  | |
| Mental health difficulty (please give details below) | | |  | Myalgic Encephalopathy (M.E) | | | | | | | | | |  | |
| Depression | | |  | Temporary disability after illness or accident | | | | | | | | | |  | |
| Social & emotional difficulties (please give details below) | | |  | Profound/complex disabilities (please give details below) | | | | | | | | | |  | |
| Asperger's syndrome | | |  | Other (please give details below) | | | | | | | | | |  | |
| Learning Difficulties | | | | | | | | | | | | | | | |
| **No learning difficulties** | | |  |  | | | | | | | | | |  | |
| Moderate learning difficulties | | |  | Other specific learning difficulties (please give details below) | | | | | | | | | |  | |
| Severe learning difficulties | | |  | Speech, language and communication needs | | | | | | | | | |  | |
| Dyslexia | | |  | Autism spectrum disorder | | | | | | | | | |  | |
| Dyscalculia | | |  | Other (please give details below) | | | | | | | | | |  | |
| Are you currently taking any medication or receiving medical treatment? | | | | | | | | | | YES |  | NO |  | | |
| Please give further details of disabilities and/or health problems and/or learning difficulties and medication: | | | | | | | | | | | | | | | |
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| **Full-time applicants:**  **Please note that the details you have provided on this form will be entered into the UCAS system by the College on your behalf.** | | | | | | | | | | | | | | | |
| DECLARATION – HEREFORD COLLEGE OF ARTS | | | | | | | | | | | | | | | |
| 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 & safety, and for any other legitimate purpose or legal requirement under the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018 | | | | | | | | | | | | | | | |
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| DECLARATION – UCAS (applies to full-time applicants only) | | | | | | | | | | | | | | | |
| I confirm that the Hereford College of Arts can complete the UCAS European Union RPA form on my behalf using the information contained within this form.  I confirm that the information given on this form is true, complete and accurate and no information or other material information has been omitted. I accept that if this is not the case, UCAS and Hereford College of Arts shall have the right to cancel my application and I shall have no claim against UCAS or Hereford College of Arts in relation thereto.  I give my consent to the processing of my data by UCAS and Hereford College of Arts in accordance with their privacy policies including use for statistical purposes. I also accept that, having completed and signed the form, I do not have the right to further choices within the UCAS scheme and will not approach any other university or college in the UCAS scheme.  I have the right to cancel this application. If I decide not to take up my place at Hereford College of Arts I must do this by informing the Registry Department at Hereford College of Arts as soon as possible. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Signature (applicant) | | | | | | | | Date | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **All completed forms should be returned to: Registry Department, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT;**  **scanned and emailed to registry@hca.ac.uk; or handed in at the Folly Lane Reception.** | | | | | | | | | | | | | | | |
| PERSONAL CHARACTER REFERENCE | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
| A personal reference is required for all applications to the College. The reference should be completed by someone who has known you for a minimum of two years and is not a relation. If you are currently at College/University you should supply an academic reference. The reference is detachable for your convenience.    **Referee** - please write a reference in the space provided below (please continue overleaf if you require more space).  You might like to consider including some, or all of the following points:   * Attitude, motivation, reliability and commitment * Your opinion on the applicant's suitability for the course * Achievements and positions of responsibility (particularly those relating to the course for which they are applying) * Related skills such as work experience or voluntary work   All completed reference forms should be returned to: Registry, Hereford College of Arts, Folly Lane, Hereford, HR1 1LT; scanned and emailed through to registry@hca.ac.uk or handed in at the main Folly Lane Reception. If you require any assistance filling in the form, please contact 01432 273359 or email [registry@hca.ac.uk](mailto:registry@hca.ac.uk). | | | | | | | | | | | | | | | |
| Name of Applicant | |  | | | | Course Applied For | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| Name of Referee | | |  | | | | Position | | |  | | | | | |
| Company/School/College | | |  | | | | Telephone | | |  | | | | | |
| Email Address | | |  | | | | | | | | | | | | |
| Referee Signature | | |  | | | | Date | | |  | | | | | |