

The College at Braintree  
Church Lane, Braintree  
Essex, CM7 5SN  
General Enquiries: (01376) 321711  
Course Enquiry Line: (01376) 557020  
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Website: [www.braintree.ac.uk](http://www.braintree.ac.uk)

 The College at Braintree



# Full-time Application Form 2010/11

Please return the completed form to: Central Admissions Office  
The College at Braintree, Church Lane, Braintree, Essex, CM7 5SN

Student Reference Number – for College use only

**Unless otherwise requested please complete this form in CAPITALS**

## ABOUT YOURSELF

Mr / Ms / Mrs / Miss / Other:

Surname:

First Name(s):

National Insurance Number:

Date of Birth: -- / -- / 19--

Home Address:

Postcode:

Home Phone:

Student Mobile Phone:

Email Address:

Name of Parent / Guardian if under 18 / Next of Kin if over 18:

Current / Previous School or College (if applicable):

Please tick if you have studied at The College at Braintree as part of our 14-16 provision.

If over 19 please provide referee's name and address:

Postcode:

Relationship to applicant:

## YOUR NATIONALITY

Nationality:

Have you lived in the UK / EU continuously for the past three years? YES  NO

If **NO**, please write the date you came to the UK (month, year):

(You will need to provide your passport or other official proof of identification)

Is English your first language? YES  NO

## THE COURSE YOU WOULD LIKE TO STUDY

I am applying for (course title):

If you are uncertain about which course(s) you would like to study please tick   
and we will make an appointment with our Student Advisor to discuss your options.

## HEALTH AND ADDITIONAL SUPPORT

The College at Braintree can offer you many forms of support with your learning.

Please tick this box if you think you will need extra support

Do you have any learning difficulties? YES  NO

If **YES**, please state below:

Do you have any physical difficulties? YES  NO

If **YES**, please state below:

## ANY EXAM RESULTS/QUALIFICATIONS YOU ALREADY HAVE

If you do not have any qualifications or have forgotten your exam results please do not worry.  
You can talk about this at the interview.

Subject / Title	Level	Date	Grade

## ANY EXAM RESULTS/QUALIFICATIONS YOU ARE YET TO TAKE

Subject / Title	Level	Date expected	Predicted grade

## DATA PROTECTION ACT

The information on this form will be entered onto a computer which is registered under the Data Protection Act (1988). This information is used for administrative, academic, health and safety reasons. Some of the information you provide on this form will be passed to the Learning and Skills Council (the Council). The Council is registered under the Data Protection Act (1988). The registration is primarily for the collection and analysis of statistical data. The Council will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow the Council and its partners to monitor performance, improve quality and plan future provision.

## PERMISSION FOR COLLEGE TO PROCESS PERSONAL DATA

The information given on this application form is correct to the best of my knowledge. I agree to Colchester Institute processing personal and sensitive data collected on this form or other data obtained from me or other relevant people during the application process.

I agree to the processing of such data for any purposes connected with my application and studies, or my health and safety whilst on the premises, or for any other legitimate reason.

I give permission for Colchester Institute to contact my school/college, employer or other third party to provide Colchester Institute with a pre-admission reference. I understand Colchester Institute may share information with Connexions Personal Advisers or my school in connection with my application.

We are collecting the email and mobile details for marketing purposes. We will use these details to keep you updated on College activities. Please tick the box if you wish to receive any emails or text messages relating to promotional activities from the College.

Student Signature:

Date:

Signature of Parent / Guardian (if under 18):

Date:

Parent / Guardian Name (please print):

## ADDITIONAL INFORMATION

**This section is for you to tell us more about yourself in your own words and in your own handwriting (NOT CAPITALS)**

Why do you want to study this course? What areas / aspects of the course interest you particularly?

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What are your career plans / your ideas for your future? (you don't need to know exactly what you want to do)

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What work experience or jobs have you done?

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**When we have received your completed application form we will send you an acknowledgement card.**