

Cert Ed and PGCE Application Form

Please complete all sections in **CAPITALS** and **BLACK INK** and sign where indicated.

STUDENT DETAILS

Surname First Name

Middle Names Title (Mr/Miss/ etc)

Previous Surname Known As (if different)

Male Female Date of Birth / /

Email

Current address

 Postcode

Home Phone number

Mobile Phone Number
 (We may use text messaging to contact you)

Name and address of most recent school, college or training provider

 Date of leaving

Residency

What is your nationality? Is English your first language? Yes No

Have you been resident in the UK for the last 3 years? Yes No

Ethnic Group

Choose one option that best describes your ethnic group or background

White

- English/Welsh/Scottish/Northern Irish/British (31)
 Irish (32)
 Gypsy or Irish Traveller (33)
 Any Other White Background (34)

Asian/ Asian British

- Indian (39)
 Pakistani (40)
 Bangladeshi (41)
 Chinese (42)
 Any other Asian background (43)

Mixed/ Multiple ethnic groups

- White and Black Caribbean (35)
 White and Black African (36)
 White and Asian (37)
 Any other Mixed/multiple ethnic background(38)

Black/ African/ Caribbean/ Black British

- African (44)
 Caribbean (45)
 Any other Black/African/Caribbean background(46)

Other ethnic group

- Arab (47)

Course Choice*

Course Code (if known)	Course Title	Part Time or Full Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

*If you are applying for either the Cert Ed or PGCE programme please make clear whether you are applying for the part-time, two year, in service route or the full-time, one year pre-service programme.

3. WORK EXPERIENCE

(Current position first, giving dates of starting and leaving)

Post Held	Name and Address of Employer	Start	Leaving	Reason for Leaving

Brief Details of Job Role

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Full Time or Part Time:**Hours per Week:**

Post Held	Name and Address of Employer	Start Date	Leaving Date	Reason for Leaving

Brief Details of Job Role

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Full Time or Part Time:**Hours per Week:**

Post Held	Name and Address of Employer	Start	Leaving	Reason for Leaving

Brief Details of Job Role

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Full Time or Part Time:**Hours per Week:**

Please use a continuation sheet if necessary

4. Please state your reasons for applying for this programme, any areas of experience that you feel would relate to this programme and any additional information that supports your application (max 500 words).

5. Please identify what you think your learning and study needs will be to complete the course successfully.

6. REFERENCES

(Please supply the name, title, address and email address of an employer, academic tutor or person in a similar role who can comment on your suitability for this training programme, ensuring that details given are correct at time of application.) This information will be requested prior to interview and enrolment.

Academic Reference	Employer or Personal Reference
Name:	Name:
Address:	Address:
.....
.....
.....
Telephone:	Telephone:
Email:	Email:

LEARNING SUPPORT

Colchester Institute is committed to meeting the requirements of our learners and offers services to support learners with additional needs, learning difficulties and medical conditions. These may include: Physical disability or reduced mobility, hearing or visual impairment, learning difficulties such as dyslexia, dyspraxia, semantic pragmatic disorder, mental health difficulties, ADHD, emotional, social and behavioural difficulties.

Do you consider yourself to have a learning difficulty?

Yes No

If Yes, please tick which most describes your learning difficulty.

- | | |
|--|--|
| <input type="checkbox"/> Moderate learning difficulty (01) | <input type="checkbox"/> Autism spectrum disorder (20) |
| <input type="checkbox"/> Severe learning difficulty (02) | <input type="checkbox"/> Multiple learning difficulties (90) |
| <input type="checkbox"/> Dyslexia (10) | <input type="checkbox"/> Other* (please specify below) (97) |
| <input type="checkbox"/> Dyscalculia (11) | <input type="checkbox"/> Not Known/information not provided (99) |
| <input type="checkbox"/> Other specific learning difficulty* (please specify below) (19) | |

*Please state details

Do you consider yourself to have a disability and/or medical condition?

Yes No

If Yes, please tick which most describes your disability or condition.

- | | |
|---|--|
| <input type="checkbox"/> Visual Impairment (01) | <input type="checkbox"/> Temporary disability after illness or accident (08) |
| <input type="checkbox"/> Hearing Impairment (02) | <input type="checkbox"/> Profound complex disabilities (09) |
| <input type="checkbox"/> Disability affecting mobility (03) | <input type="checkbox"/> Asperger syndrome (10) |
| <input type="checkbox"/> Other physical disability (04) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Other medical condition* (please specify below) (05) | <input type="checkbox"/> Other* (please specify below) (97) |
| <input type="checkbox"/> Emotional/behavioural difficulties (06) | <input type="checkbox"/> Not known/information not provided (99) |
| <input type="checkbox"/> Mental health difficulty (07) | |

*Please state details

We aim to support all students in their learning and it is important that we understand what your needs are. Are there any personal, educational or emotional needs that could affect your learning or your welfare at College? This could include being a young parent or carer, being in or having recently left care, having had a significant break in your schooling or living independently.

Please provide details

Please indicate where you heard about Colchester Institute (please only tick one)

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Careers Advisor | <input type="checkbox"/> Open Event | <input type="checkbox"/> Learning Shop | <input type="checkbox"/> School |
| <input type="checkbox"/> Current/past student | <input type="checkbox"/> Newspaper Advert | <input type="checkbox"/> School | <input type="checkbox"/> Website |
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Radio Advert | <input type="checkbox"/> Employer/sponsor | <input type="checkbox"/> UCAS |
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> Other Advert | <input type="checkbox"/> Recruitment Fair | <input type="checkbox"/> Other |

Criminal Convictions

Do you have a Criminal Conviction? Yes No If "Yes" you will be asked to complete a Self-Declaration form. This information is only required to assist us to fulfil our responsibilities to assess any potential risk to the large number of young students in the College and will be treated in confidence.

Student Declaration

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 in accordance with the Data Protection Act 1998. I agree to the processing of such data for any purposes connected with my application and studies, or my health and safety while on the premises or for any other legitimate reason. I understand that Colchester Institute may share information with The Information, Advice and Guidance Service or my school or employer, if required. **I authorise Colchester Institute to obtain academic or employer references.** Also, I understand that, on occasions, photographs or video images may be taken of me for promotional/learning activities and I agree to notify a member of staff at the time if I do not wish my image to be kept and used.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordservice.org.uk

Completed application forms should be returned to:

Academic Services, Colchester Institute, Sheepen Road, Colchester, CO3 3LF or emailed to uccadmissions@colchester.ac.uk

Applicant Signature

Date