

10 SIGNATURE PLEASE READ CAREFULLY

I agree to the processing of such data for any purposes connected with my application, my studies or my health and safety whilst on the premises or for any other legitimate reason. I have read and understood the conditions set out by the Privacy Notice above and consent to the processing of my personal data for those purposes.

Where appropriate I authorise my school, LEA or other agencies who have been supporting me, to provide copies of any documents relevant to my proposed course of study.

Sussex Downs College is committed to improving communication with our applicants, students and their parents, guardians or carers. We would like to contact you/your parents/guardians/carers either by email and/ or text message. This will allow us to alert you and them to:

- Specific information about you or your child; e.g. interview dates, offers, enrolment details, exam deadlines and timetables, reminders about trips and visits, outstanding course costs, parents' consultation evenings and attendance issues.
- General information about the College; e.g. Term dates, Open Events, Showcase Events (Performing and Visual Arts), College closure.

I consent to Sussex Downs College processing my personal data as supplied on this application form for the purpose of contact regarding the applicant/student detailed on the form for the purpose detailed above.

Please ensure you check your emails/text messages regularly and let us know if your contact details change.

Applicant's Signature Date

Primary Contact – We will also use this as your emergency contact

Parent/Guardian's Signature (if under 18) Parent/Guardian Address (if different to student)

Parent/Guardian's Name (Please Print in full) Parent/Guardian Mobile

Parent/Guardian Email (please use upper and lower case)

Secondary Contact

Parent/Guardian's Signature (if under 18) Parent/Guardian Address (if different to student)

Parent/Guardian's Name (Please Print in full) Parent/Guardian Mobile

Parent/Guardian Email (please use upper and lower case)

Please return this form to:	General Enquiries:	
ADMISSIONS Sussex Downs College, Cross Levels Way, Eastbourne, BN21 2UF Tel: 030 300 39900	EASTBOURNE 030 300 39300	LEWES 030 300 39200

OTHER NOTES/COMMENTS: FOR OFFICE USE ONLY

DATE	NOTES/COMMENTS	STAFF NAME



APPLICATION FORM

17 > 18

Person Code (office use only)

This form can be used to apply for full time courses at all Sussex Downs College campuses

Please complete ALL sections, in CAPITAL letters using a black pen.

Are you a current or past student at Sussex Downs College? Yes No If yes, please state your Student number (if known)

1 PERSONAL DETAILS

Title Mr/Miss/Mrs/Ms/Other Male Female Address
 Full Forename(s)
 Like to be known as (if different from above) Town
 Surname County
 Date of Birth Age on 1/9/2017 Postcode
 Email
 Mobile Telephone
 Country of normal residence Nationality
 Have you been legally resident in the UK/EU for the past 3 years? Yes No If not, state country of residence
 Date of entry to UK/EU Do you have a student visa? Yes No
 Do you have the right to study in the UK? Yes No Tick if you are currently in care or a care leaver

2 ETHNIC ORIGIN

We are required to ask this question in order to assess the extent of representation of ethnic groups in relation to our equal opportunities policy. How would you describe your ethnic background?

<p>White</p> <p><input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> 32 Irish</p> <p><input type="checkbox"/> 33 Gypsy or Irish Traveller</p> <p><input type="checkbox"/> 34 Any Other White background</p> <p>Mixed/Multiple ethnic group</p> <p><input type="checkbox"/> 35 White and Black Caribbean</p> <p><input type="checkbox"/> 36 White and Black African</p>	<p><input type="checkbox"/> 37 White and Asian</p> <p><input type="checkbox"/> 38 Any Other Mixed/Multiple ethnic background</p> <p>Asian/Asian British</p> <p><input type="checkbox"/> 39 Indian</p> <p><input type="checkbox"/> 40 Pakistani</p> <p><input type="checkbox"/> 41 Bangladeshi</p> <p><input type="checkbox"/> 42 Chinese</p> <p><input type="checkbox"/> 43 Any other Asian background</p>	<p>Black/African/Caribbean/Black British</p> <p><input type="checkbox"/> 44 African</p> <p><input type="checkbox"/> 45 Caribbean</p> <p><input type="checkbox"/> 46 Any other Black/African/Caribbean background</p> <p>Other</p> <p><input type="checkbox"/> 47 Arab</p> <p><input type="checkbox"/> 98 Any other ethnic group</p>
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3 SCHOOL/COLLEGE OR IF YOU ARE OVER 19, YOUR EMPLOYER

Please tell us about the school/college you are currently or were previously attending or your employer's details

Name
Address

4 CAREER PLANS, OTHER INTERESTS AND EXPERIENCE

Career Aims
Work experience/other activities/interests

