

APPLICATION FORM



BRITISH CREATIVE INSTITUTE			
Applicant No.			
Decision	Interview		Date:
	Reject		Conditions of offer:
	Offer		
Signed: (Admissions Tutor/Course Director)			

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

Please complete in BLOCK CAPITALS

1. Course Details

Course Title:

Proposed start date: Full-time Part-time

Proposed Year/Level of Entry: Level 1 Level 2 Level 3 Level 4 Level 5

How Old Are You

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc. Gender: Male Female Other Date of birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name(s):

Maiden or any other name(s) that you have been known by:

Surname/family name:

Permanent address:

Country: Postcode:

Correspondence address (if different):

Country: Postcode:

Daytime telephone: Evening telephone (if different): Mobile:

Email address: Nationality:

If not born in the UK please state date of arrival to UK: Area of permanent residence:

If you are a member of a Professional Body, please give its name and your Registration Number:

Have you ever studied in the UK before? (If yes, please include a copy of all visas) Yes No

What level was your previous study in the UK (please tick all that apply)? Foundation Degree Master's

Have you ever studied at the British Creative Institute before? Yes No

5. International Students

Did you use an agent to help you find this course?

Yes

No

Agent's name:

Agent's email:

6. Referee(s)

Name and address of Referee(s):

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

7. Supporting Statement

Please enter here any further information in support of your application, for example, reasons for choosing the course, your professional career to date (if relevant) and your current career goals. Please continue on a separate page if required.

8. Disabilities

Special Education Needs Disability (SEND) Learner

YES

NO

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

- A No disability.
- B You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
- C You are blind or have a serious visual impairment uncorrected by glasses.
- D You are deaf or have a serious hearing impairment.
- E You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- F You have a mental health condition, such as depression, schizophrenia or anxiety disorder.
- G You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
- H You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
- I You have a disability, impairment or medical condition that is not listed above.
- J You have two or more impairments and/or disabling medical conditions.

9. Declaration

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, British Creative Institute reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the institute and I shall have no claim against the British Creative Institute in relation thereto.

Applicant's name:

Applicant's signature:

Date:

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Careers service | <input type="checkbox"/> Alumni | <input type="checkbox"/> Colleague/friend |
| <input type="checkbox"/> Education fair | <input type="checkbox"/> Employer | <input type="checkbox"/> Current student | <input type="checkbox"/> Internet (general) |
| <input type="checkbox"/> Previous student | <input type="checkbox"/> Professional association | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Personal enquiry to |
| <input type="checkbox"/> British Creative Institute Course Enquiries Team | <input type="checkbox"/> British Creative Institute website | | |

Other (please specify):

Post-16 Learners Special Educational Needs and Disabilities (SEND), Education, Health and Care Needs Assessments and Plans (EHCP)

British Creative Institute (BCI) co-operate with local authorities in carrying out needs assessments for pupils, and in the development and review of students EHC plans. BCI have a duty to admit a young person to the school if it is named in the student EHC plan and to provide the educational support specified in their plan. BCI offers placements for post-16 Special educational needs and disability students with EHC Plans.

This form should not be discussed or copied without asking the child/young person or family first.

The format of this form is under development and will continue to be updated based on learning from implementation, and formally reviewed.

REPORT ON APPLICANT

Referees should note that the contents of this report may be shown to the applicant on request.

To the Candidate:

Please fill in your name and course details below, detach and forward this part of the form to your referee for completion.

Applicant's name: Date of birth:

Course applied for:

To the Referee:

I am applying for admission to the above course at **British Creative Institute**. The **Institute** would appreciate your personal impressions of my intellectual ability and professional skills.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential.
(Please use a separate sheet if you prefer).

Signed (applicant): Date:

Name and position:

Institution:

Address:

Country: Postcode:

Telephone: Fax:

Email:

How long have you known the applicant and in what capacity?

Please comment on the applicant's suitability for the course with particular reference to his/her strengths.

How would you rate the applicant in relation to the following? (please tick appropriate boxes)

	Excellent	Very good	Average	Below average	Unable to comment
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments you feel would be helpful in supporting their application to the University:

Name of referee:

Signature of referee:

Date:

Thank you for completing this form. Now please return it to:

Student Admissions
British Creative Institute
6 Dyas Road
Great Barr
Birmingham
B44 8SF

