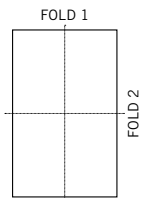


FOLD HERE

APPLICATION FORM

Please return your completed application form to us in the reply envelope provided. Fold the form twice where shown.
PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS.



1. PERSONAL DETAILS

First Name	Title (Mr/Mrs/Miss/Ms/Other)
Family Name	
Home Address	
	Postcode
Home Tel. Number	Mobile Tel. Number
Email	Date of Birth
Age on 31 Aug 2010	

2. WHICH COURSES ARE YOU INTEREST IN? (in order of preference)

3. WHAT IS YOUR FIRST LANGUAGE?

Do you need a translator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you need some help choosing the right course, contact the Guidance staff and make an appointment to discuss your options.

If you are aged 16-19 call 020 8694 3376
If you are aged 20+ call 020 8694 3230

T: 0800 834 545
E: info@lewisham.ac.uk
W: www.lewisham.ac.uk



Ref: Course Guide

FOLD HERE

4. WHY DO YOU WANT TO DO THIS COURSE?

5. WHAT ARE YOUR LONG TERM PLANS/CAREER GOALS?

6. YOUR EDUCATIONAL AND TRAINING BACKGROUND (since age 11)

Please list schools/colleges/training organisations you have attended, starting with the most recent.

School/College	From month/year	To month/year	Qualification/subject	Grade

Please bring proof of qualifications/predicted grades when you come for an interview.

7. WORK EXPERIENCE/EMPLOYMENT HISTORY (paid, community, voluntary)

Please list all work experience gained, starting with your current or most recent employer.

Organisation/place	From month/year	To month/year	Role/duties

8. SUPPORT AT LEWISHAM COLLEGE

The information you provide will only be shared with your teaching staff to make sure you get the necessary support.

a. Please tell us if you might need any support for any of the following (please tick box)

Blind/Visual Impairment	<input type="checkbox"/>	Deaf/Hearing Impairment	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Mobility Difficulties	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>		

b. Do you need any assistance or equipment from the College for this? (please tick box)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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c. Please tell us about any difficulties or medical conditions not listed above.

d. Do you need any support at assessment/interview stage?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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e. If yes, please tell us what you need: e.g. large print or sign language interpreter.

f. Did you have a statement of special education needs while you were at school? (please tick box)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you need confidential advice about this section contact the Access Team on 020 8694 5108.

9. WHICH EXTRA CURRICULAR ACTIVITIES WOULD YOU LIKE TO BECOME INVOLVED IN?

10. WHERE DID YOU HEAR ABOUT THE COLLEGE?

11. REFEREES

Please provide the details of two people who will support your application. Please note these should not be friends or relatives. If you are aged 19 or under, one should be from your most recent school or college.

1. Name	Job Title
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Home Address

Postcode	Telephone	Email
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2. Name	Job Title
---------	-----------

Home Address

Postcode	Telephone	Email
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Declaration: I declare that to the best of my knowledge the information I have given is a true and correct record, I give my consent to Lewisham College processing this information in accordance with the Data Protection Act 1998. I understand that some of the information requested will be stored and made available to the Department for Education and Skills and the Learning and Skills Council anonymously and for statistical purposes only.

Signature (student)	Date
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Signature (of parent or carer if you are under 18)	Date
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Relationship to student

Lewisham College would like to keep your personal address details on our mailing list. This will be used to keep in touch with you from time to time*. If you DO NOT wish to be on our mailing list, please tick the box.

We would also like to send you the occasional email*. Please tick this box if you WOULD LIKE to receive email news from Lewisham College.

*Your personal details will only be used by Lewisham College and will NOT be passed onto any third parties.

PLEASE NOTE THAT THIS IS NOT AN ENROLMENT FORM

Your application will be carefully considered by our admissions tutors. You may be asked to attend an interview or assessment. When you are accepted on a course you will receive a letter offering you a place and giving instructions on how to enrol. You will only become a student of the College once you have enrolled.

OFFICE USE ONLY

Interviewer's comments (alternatively, please state where notes are held)

Has the applicant sat a placement assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Results held by

Please return your completed application in the envelope provided to: The Contact Centre, Lewisham College, Freepost LON 1158, SE4 1UT (no stamp needed if posted in UK).