

International Student Application Form 2023/2024



CITY AND ISLINGTON COLLEGE



Westminster Kingsway College



For Office Use Only

Student ID Number

Please complete this form in full and keep a copy for yourself. Return the completed and signed form to the International Office: international@capitalccg.ac.uk

Section 1: Personal Details All applicants must complete this section

Family Name or Surname:	<input type="text"/>	Title (e.g. Miss/Mr):	<input type="text"/>
First/Fore/Given Name(s):	<input type="text"/>	Gender	<input type="text"/>
First Language:	<input type="text"/>		
Date of Birth:	<input type="text" value="DD / MM / YYYY"/>	Age on 31 August 2023:	<input type="text"/>
Address:	<input type="text"/>		
Country:	<input type="text"/>	Postcode/Zip Code	<input type="text"/>
Email Address:	<input type="text"/>		
Mobile (Cell) Phone No.:	<input type="text"/>		

Emergency Contact Details/Next of Kin. 16-18 years old this needs to be your parent/carer/guardian.

Does this person speak English? Yes No

Relationship to you	Name	Telephone No:	<input type="text"/>
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Second Emergency Contact Details where possible:

Relationship to you	Name	Telephone No:	<input type="text"/>
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Emergency Contact E-mail Address:	<input type="text"/>
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Section 2: Please select the courses you would like to apply for

A Levels (CANDI) Please list which 3 subjects you wish to apply for	Course Code (For office use only)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Grand Escoffier Diploma (WestKing)	<input type="text"/>
Advanced Grand Escoffier Diploma (WestKing)	<input type="text"/>
General English for International Students (WestKing)	<input type="text"/>

Section 3: Support for your Learning Click the box/es that are applicable

We are committed to supporting people with learning difficulties and disabilities, mental health or other support needs

16 -18 and Adults:

Do you need assistance during an emergency evacuation of the building? Yes No

Do you have an Education Health Care Plan? This is a document which sets out the education healthcare and social care needs of a child or young person who requires extra support. Yes No

Do you have a Learning Difficulty, Disability or Health Problem: Yes No

Enter 1 for your main difficulty or disability, 2 for other difficulties or disabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> Emotional/behavioural difficulties | <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Other physical difficulty |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Multiple learning difficulties | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Other learning difficulty: <input type="text"/> |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> Other disability: <input type="text"/> |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Speech, Language and Communication Needs | <input type="checkbox"/> Not provided |
| <input type="checkbox"/> Social and emotional difficulties | | |
| <input type="checkbox"/> Mental health difficulty | | |
| <input type="checkbox"/> Moderate learning difficulty | | |

Section 4: Ethnicity Click the box that best describes your ethnic group

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other white background

British Mixed / Multiple Ethnic Group

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multi ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- White and Asian

Black / African / Caribbean

- African
- Caribbean
- Any other black background

Other Ethnic Group

- Arab
- Any other ethnic group
- Not provided

Section 5: Immigration History: Enrolment Officer to complete this section with the Learner and record Supporting Evidence

Country of Birth

Documented Nationality according to your Official Document:

If you are in the UK at present, on which date did you arrive in the UK?

If you are in the UK at present what is your current immigration status? (Click the relevant box)

- Student Route
- Visitor Visa
- Short Term Study Visa
- No visa, I entered as a visitor (non visa nationals only)
- Youth Mobility Scheme
- Diplomatic Exemption (Child dependent 18+)

For Office Use Only (Applicant please scan us copies for proof of nationality)

Please state: Document reference/Passport/ ID/Visa country and number:
(Please use the Country reference e.g. GBR)

Issue date of passport/
visa/ biometric card:

Expiry date of passport/
visa/ biometric card:

Other residency documentation & notes. Please record supporting evidence in the box below

Section 7: Education and Qualifications

Please enter your qualifications, including English and Maths qualifications below.
If you have no qualifications click in the no qualifications box.

English and Maths Qualifications			Qualification checked
English Language			Yes
Maths			Yes
Qualification			
Type or Level	Subject (eg childcare, media)	Grade or Level	
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
No Qualifications			

College Staff: Please click the relevant button to the left of the highest level of qualification

I confirm that I have checked the learner's qualifications on entry, and their highest qualification level is:

- Entry Other Below Level 1 Level 1 Full Level 2 Full Level 3 Level 4
 Level 5 Level 6 Level 7+ Other Not Known

Signature of College Staff:

Date:

DD / MM / YYYY

Section 8: Personal Statement (interests and career plans)

Please tell us about your educational and career aspirations and why you want to study this programme.
You should include your academic strengths and interests, and how you will apply these to your studies.

Section 9: Learning Agreement and Declaration – Important: All Learners Must Read and Sign

Whilst you are paying for your programme of study with us, as a public funded organisation we are obliged to submit your data to the GLA (Greater London Authority) and the ESFA (Educational Skills Funding Agency). You can find further information on the work they do here:

www.london.gov.uk and www.gov.uk/government/publications/esfa-privacy-notice

I agree to provide evidence of eligibility to study with CCCG.

I understand that it is my responsibility to pay the fees for my course(s). I accept that where it has been agreed that I may pay my fees by instalments, I shall make payments due in full and on time, and that CCCG will pursue late or non-payment of fees. I understand that an administration fee may be added if you have to pursue me or my sponsor for payments. Except in respect of death or personal injury caused by CCCG negligence, CCCG's total liability to me, whether in contract, tort, negligence, breach of statutory duty or otherwise, shall not exceed the amount of fees paid to CCCG by me or on my behalf in the academic year in which the circumstances leading to my claim arise.

I understand if I need more details about CCCG's Fees Policy, I can request this information from CCCG. I understand if I have declared false information CCCG will take action against me to reclaim course fees and any associated costs and I may be withdrawn. I give my consent to CCCG to record and process the information contained in this form where CCCG complies with its obligations under UK DPA/UK GDPR guidelines.

CCCG processing includes the use of CCTV to maintain the security of the premises, to prevent, detect and investigate crime. CCCG reserves the right to contact parents/guardians/carers with parental responsibility for learners under the age of 18 on 31/08/2023 regarding but not exclusive to attendance, progression, discipline and any other matters. Parental responsibility is defined in Section 3 (1) of the Children Act 1989. Further information on your rights is available at:

https://icosearch.ico.org.uk/s/search.html?query=parental+responsibility&collection=ico-meta&profile=_default

I agree to the student Code of Conduct and CCCG policies and procedures, details are in my student handbook. If I do not comply, I may be removed from my course or disciplined. If I withdraw from the course, I will not receive a refund of fees paid.

I understand that CCCG are obliged under the terms of my Student Route Visa (SRV) to report my attendance and any absences to the Home Office. Unauthorised absences or noncompliance may mean that my SRV may be revoked.

Signature of learner

Date DD / MM / YYYY

If you are aged under 18 your Parent/Guardian or Carer must complete this section agreeing for you to apply to us

Parent/Carer/Guardian Name

Date DD / MM / YYYY

Signature of Parent/Carer/Guardian

Date DD / MM / YYYY



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