



Please Complete In Block Capitals and Please Ensure You Complete ALL Sections
****AN OFFER OF A PLACE WILL BE WITHHELD IF ANY INFORMATION IS MISSING***

1 PERSONAL DETAILS
Title: Mr/Mrs/Miss/Ms First names(s): Surname/family name (BLOCK CAPITALS):
Gender: (M/F) Age: Date of birth (dd/mm/yy): Previous Surname (if applicable):
Correspondence address: Home telephone number:
Mobile telephone number:
Email address:
Postcode:
Course applied for: (please circle/highlight)
PROFGCE POST-16 EDUCATION CERT ED POST-16 EDUCATION
Point (Year) Of Entry: (please circle/highlight) YEAR 1 YEAR 2
Do you currently work for City College Brighton & Hove? Yes / No
Country of birth: Country of permanent residence: Nationality:
Applicants not born in the European Union please state date of first entry into the EU/UK:
Name of organisation expected to pay your fees:
(e.g. ESPRA, Student Finance England, Mid Sussex NHS Trust, yourself, family member, employer)
Do you need a visa to study in the UK? If yes, please provide:
Yes No
Passport no: Issue date: DD MM YY
Expiry date: DD MM YY
Do you require a DBS check as part of this employment? Yes / No (if yes see below)
Do you have a DBS check as part of this employment? Yes / No

2 PRESENT POST
Please give details of your current/prospective teaching post (if applicable):
Please
Employer name: Employer telephone number:
Employer address: Subject(s) taught:
Full Time / Part Time:
Contact hours per week:

Please return to: HE Office, City College Brighton and Hove, Pelham Street, Brighton, East Sussex, BN1 4FA.

3 TEACHING EXPERIENCE

Give details of relevant work experience and employment. Please list, starting with the most recent:

Institution:	Subject(s):	Age of Learner:	FT/PT:	Paid/Voluntary:	Dates (From/To):
Postcode:			Date appointed:		

4 OTHER EMPLOYMENT *Please list, starting with the most recent:*

Name and Address of Employer:	Position Held:	Main Duties:	Dates (From/To):

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5 QUALIFICATIONS *(including any training received):*

Do you hold GCSE English grade A-C or equivalent?	Yes / No	Grade <input style="width: 30px;" type="checkbox"/>				
Do you hold GCSE Mathematics grade A-C or equivalent?	Yes / No	Grade <input style="width: 30px;" type="checkbox"/>				
Qualification, eg GCSE, A, HND, degree or professional qualifications:	Subject:	Place of study:	FT/PT	Results (grades or bands):	Dates:	
					from mm/yy	to mm/yy

6 ETHNIC ORIGIN *(to be completed only if country of permanent residence is in the UK)*

This information is not used in the selection process and is used for statistical purposes only. Ethnic origin is not the same as nationality, place of birth or citizenship, but about your colour and broad ethnic group.

Please describe, as far as possible, your ethnic origin:

Ethnic Origin Codes (for info)					
White	10	Asian or Asian British - Indian	31	Mixed - White & Black Caribbean	41
Black or British - Caribbean	21	Asian or Asian British - Pakistani	32	Mixed - White & Black African	42
Black or British - African	22	Asian or Asian British - Bangladeshi	33	Mixed - White & Asian	43
Other Black Background	29	Chinese	34	Other Mixed Background	49
		Other Asian Background	39	Other Ethnic Background	80

7 Disclosure of criminal convictions or cautions

To help reduce the risk of harm or injury to students and/or staff caused by the criminal behaviour of other students, you must inform us about any criminal convictions/cautions that you may have.

If you have a criminal conviction, enter X in the box	<input style="width: 30px;" type="checkbox"/>
If you have a caution (including a verbal caution), enter X in the box	<input style="width: 30px;" type="checkbox"/>

8 SUPPORTING STATEMENT (continuation sheet may be used).

Please give details of your skills, knowledge and experience to support your application for this course. These may have been gained in your current or previous employment, education, training, voluntary, community or leisure interests.
Please do not attach your CV.

9 DISABILITIES AND SPECIAL NEEDS

You do not have to give this information but it is useful to the college. It will help us to organise support or make reasonable adjustments to our service that are needed.

Do you have a disability (including learning difficulties) or a literacy / numeracy difficulty? Yes / No

Description:

If "yes", how would you like to give us more details? (please circle)

On this form (please write details here):

At my interview

To the Learning Support Team (they will contact you)

10 FOR OFFICE USE ONLY:

Interview	Y/N	Unconditional offer:	Y/N	Conditional offer:	Y/N
Literacy test req:	Y/N	Numeracy test req:	Y/N	T/D:	Y/N

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Terms and Conditions *(PLEASE NOTE THIS PAGE MUST BE SIGNED)*

- i. As a member of the university I undertake to comply with its regulations and enrolment procedures. If any of my studies take place at one of the federal colleges, the college regulations and enrolment procedures will follow.
- ii. If I am not supported by any grant, scholarship or other form of sponsorship by an organisation, I undertake to pay tuition fees, enrolment fees and other charges relevant to my course when I come for enrolment. If any of my studies take place at one of the federal colleges, I understand that fees must be paid to the college at which I will be studying. I note that fees quoted in university literature refer to the fees for one academic year only and that each year's enrolment cannot be completed unless and until the appropriate fee for that year has been paid.
- iii. I undertake to pay when requested any charges that may arise from obligatory attendance at field courses, visits etc.
- iv. Should I become a student at the university, it will be a term of my contract with the university that they will take all reasonable steps to provide the educational services described in the prospectuses and other promotional material. However the university cannot guarantee to provide those services to me, since industrial action or circumstances beyond the control of the university may from time to time interfere with their ability to provide educational services. In such circumstances the university will take all reasonable steps to minimise disruption to my education.

I _____ accept/do not accept (delete as appropriate) the offer of a place on the course of study at the university as detailed above and the terms and conditions as detailed above.

I confirm that the information I have given in this form is true, complete and accurate and no information requested or other material information has been omitted. I have read the notes of guidance, in particular those relating to this section. I understand what they say and I agree to abide by the conditions set out there. I acknowledge that the information on this form will be used in accordance with the Data Protection Act 1998 and will be used to form the basis of my student record. I give my consent to the processing of my data by the university. I accept that, if I do not fully comply with these requirements the university shall have the right to cancel my application and I shall have no claim against the university in relation thereto.

Signed: _____ Date: _____

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REFERENCE FOR POST-COMPULSORY TEACHER TRAINING

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK OR BIRO OR ATTACH A WORD PROCESSED REFERENCE

APPLICANT DETAILS: *(to be completed by applicant)*

Title:	First Name:	Surname:
Course applied for: (please circle)		
PROFGCE POST-16 EDUCATION	CERT ED POST-16 EDUCATION	

STATEMENT BY REFEREE:

Name of referee:		
Post/occupation/relationship:		How long have you known the applicant: <input type="checkbox"/> <input type="checkbox"/>
Address:		
		Postcode:
Telephone number:	Fax number:	Email address

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Signed:	Date:
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**FORM TO ACCOMPANY APPLICATION FOR INITIAL TEACHER TRAINEES/LINE
MANAGER SUPPORT
ACADEMIC YEAR 2016/17**

NAME:	
INSTITUTION:	
<p><i>LINE MANAGER TO COMPLETE</i></p> <p>Please confirm in the space across:</p> <ol style="list-style-type: none"> 1. Your support for the above named applicant 2. That you consider this candidate is suitable and has appropriate teaching for a minimum of 50 hours between Oct 2015 and May 2016 for this 2 year course. 	
<p><i>LINE MANAGER NAME:</i></p> <p><i>SIGNATURE:</i></p>	<p><i>DATE:</i></p>
<p><i>APPLICANT TO COMPLETE</i></p> <p>Please indicate in the space across, the name of the subject specialist mentor who will provide up to 12 hours of support for your teaching:</p>	<p><i>NAME OF MENTOR:</i></p>
	<p><i>ORGANISATION:</i></p>
	<p><i>MENTOR CONTACT No:</i></p>
	<p><i>MENTOR EMAIL ADDRESS:</i></p>
<p><i>SIGNATURE (applicant):</i></p>	<p><i>DATE:</i></p>

If you have any queries, please contact Sam Hart, sah@ccb.ac.uk.