

Full-time and Apprenticeship courses – starting 2010

Please complete ALL sections on this form



Is your chosen programme: Full-time Apprenticeship *Please tick one box*

If applying for an Apprenticeship, you will need to be in employment before the start of the programme.

If you would like us to help you complete this form, or would like to receive a large print version, please call Customer Services on 01296 588599.

We can help you at interview too. If you have a support need please tick so that we may contact you to find out how we can help. Support needs may include sight impairment, mobility problems, hearing impairment, anxiety due to mental health difficulties, or other needs.

Your details

First Name(s): _____ Surname/Family Name: _____ Mr / Mrs / Miss / Ms

Date of Birth: _____ Age on 1st September 2010: _____

Address: _____

Postcode: _____

Telephone Number (including area code): _____

Mobile: _____ Email address: _____

We may contact you using text messaging to remind you about your interview, please tick here if you would NOT like to receive a text

Your choice

Please indicate your area(s) of interest in priority order. You can choose from:

* Apprenticeships available in these subjects

- | | | |
|------------------------------|--|---|
| • Access to Higher Education | • Construction
– Plumbing*
– Painting & Decorating*
– Brickwork*
– Carpentry*
– Electrical* | • English for Speakers of Other Languages (ESOL) |
| • Accounting | • Creative Arts
– Art & Design
– Fashion & Retail
– Performing Arts & Media | • Hairdressing & Barbering* |
| • AS/A2 Levels & GCSEs | • Engineering & Motor Vehicles* | • Health & Social Care |
| • Beauty & Holistic Therapy* | | • Hospitality & Catering* |
| • Business & Retail* | | • Horticulture* |
| • Childcare* | | • Pathways for Learners with Difficulties and/or Disabilities |
| • Computing & ICT | | • Public Services |
| | | • Sport & Recreation |
| | | • Travel & Tourism |

1st choice _____

2nd choice _____

3rd choice _____

If your area of interest is not listed, please write here: _____

Level of study, if known: Entry 1 2 3 4 No Qualifications

I would like more information on University Centre Aylesbury Vale (UCAV).

More about you and your career plans: _____

Education details

Name of school/college attended: _____

From: (month/year) _____ To: (month/year) _____

Please give the name of a teacher or employer whom we can contact for a reference. It may be helpful to obtain references ahead of any interview at the College.

Name: _____ Contact Telephone: _____

Address: _____

Your previous (or expected) qualifications Subject/Qualification	Level	Month/Year of exam	Grade	
			Predicted	Achieved

How did you find out about Aylesbury College?

What else can you tell us about yourself and the things you have done? These are as important as qualifications because they tell us more about you.

Interests:

Achievements:

Work Experience (including current place of work, if applicable):



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Education details

To help us make sure we are serving the whole community, please tick the box which you believe best describes your ethnic origin.

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Any other
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – Any other
- Chinese
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Mixed – Any other
- White – British
- White – Irish
- White – Any other
- Any other

Please tick these statements if they apply to you:

- I have not lived in the UK for the last three years
- I am not a UK or European Union Country passport holder

If you have ticked either of these boxes, please speak to Learner Services.

Data Protection

The information that you have provided is subject to the Data Protection Act 1998 and will not be disclosed without your consent. It will be stored on computer and used to process your application. The only organisation with which Aylesbury College will share this information is the Learning and Skills Council for funding and evaluation purposes. Please sign the form and return to us. No stamp is needed.

Signature of Applicant _____

Date _____

This application form **must** be signed and dated

Please sign and return, no stamp is needed, to:

LEARNER SERVICES
 FREEPOST AL830
 AYLESBURY COLLEGE
 OXFORD ROAD
 AYLESBURY
 BUCKS
 HP21 8PD