

The above box is for the use of the Management Information team only

ULN :

Date :

Version 1.1 Colour

FULL-TIME APPLICATION

2025/2026



South Gloucestershire and Stroud College

Please complete in BLOCK CAPITAL LETTERS and make sure all mandatory fields(*) are completed before submitting this Full-Time Application Form. Failure to do so will result in your application being returned to you and not logged in our system, which could jeopardise your place on your chosen course.

Personal Details*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

Title:* First Name:* Surname:* Gender:* M F

Date of Birth:* National Insurance number:

Address:*

Postcode:*

Main Phone Number:* Email Address* Do you have any criminal convictions?* Y N

Emergency Contact Full Name:* Relationship to You:*

Residence*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

Nationality:* Home Country*

- Have you lived in the home country stated above for the last three years?* Yes No
- Have you been a resident in the UK, Republic of Ireland, or the British Overseas Territories, or the Crown Dependencies (Channel Islands and Isle of Man) for at least the last three years?* Yes No
- If you answered No to question 2, please entry the date of entry into the UK.
- If you are an EU/EEA citizen, have you applied for Settled Status? Yes No
- If you answered Yes to question 4 ,please provide your sharecode.
- If you answered Yes to question 4 , was your main purpose for entering the UK to receive education? Yes No

Ethnic Origins*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

English/Welsh/Scottish/ Northern Irish/ British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other mixed/multiple ethnic background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Any other Black/African/Caribbean background	<input type="checkbox"/>	Any other Ethnic group	<input type="checkbox"/>

1. Is English your first language?* Yes No

2. If you answered no to question 1, what is your first language?

Learning Difficulties, Disabilities & Health Problems

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Do you consider yourself to have either/or a learning difficulty, disability, and/or health problem that the college should be aware of and/or you may need support with?* Yes No

2. Do you/will you have an Educational Health Care Plan (EHCP) when you come to college?* Yes No

3. Do you believe you may need help with reading, writing, maths or course work?* Yes No

4. If you have selected yes to question 1 and/or two, please select one or more of the below options.

Vision Impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>	Severe learning difficulty	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	Asperger's syndrome	<input type="checkbox"/>	Temporary disability	<input type="checkbox"/>
Other disability	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>	Speech, language and communication	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	Moderate learning difficulty	<input type="checkbox"/>	Other learning difficulty	<input type="checkbox"/>
Other medical condition	<input type="text"/>	Other specific learning difficulty	<input type="text"/>		

Prior Achievement*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

No Qualification	<input type="checkbox"/>	Level 3	<input type="checkbox"/>	Level 7 or above	<input type="checkbox"/>
Entry Level	<input type="checkbox"/>	Full Level 3	<input type="checkbox"/>	Other Qualification	<input type="checkbox"/>
Level 1	<input type="checkbox"/>	Level 4	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	Level 5	<input type="checkbox"/>		
Full Level 2	<input type="checkbox"/>	Level 6	<input type="checkbox"/>		

Employment Status

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Are you currently in paid employment?*

Yes No

2. If answered yes to question one, select the number of hours in employment most relevant to you and provide length of employment and hours details

Yes No

31+ hours per week 11-20 hours per week
21-30 hours per week 0-10 hours per week Self employed

Length of employment in months

Hours employed per week

3. Are you not in paid employment but looking for work?

Yes No

4. If answered yes to question three, select the box most relevant to you and provide length of unemployment details.

In receipt of Job Seekers Allowance? In Receipt of Employment Support Allowance In Receipt of Universal Credit

Length of unemployment in months

In receipt of other state benefit (provide name of benefit)

The above box two boxes are for staff use only, to record if evidence of employment, unemployment and/or benefit has been seen, and to sign confirming.

Course title*

Course code

Learning aim

Fee

Start Date:*

End Date:*

Second course title

Course code

Learning aim

Fee

Start Date

End Date:*

Support Information & Privacy Notice,

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

I may need help with reading, writing, maths or coursework

Have you ever been granted exam concessions in the past?

Have you ever been given support with exams?

Have you ever received free school meals?

Are you living in the care of social services?

Are you a care leaver?

Are you a young carer?

I may need help with reading, writing, maths or coursework

Student Learning Agreement

I confirm that I have received information and advice about my learning programme choices through the prospectus, website, SGS College staff, or marketing. Based on this information, I can affirm that:

- I understand the entry requirements for my chosen learning programme.
- The learning programme meets my needs.
- I am aware of the financial costs of my course.
- I know the available support, advice, and financial assistance.

I agree to adhere to SGS College regulations and notify the College in writing about:

- Any medical condition that may affect my performance in the learning programme or other College activities.
- Any change in circumstances that may affect my fee status.

ILR Privacy Notice

Please read the Learning Records Service Privacy Notice at: <https://www.gov.uk/government/publications/lrs-privacy-notices/lrs-privacy-notice>.

Education and Skills Funding Agency (ESFA) Privacy Notice

This privacy notice is issued by the Education and Skills Funding Agency (ESFA) on behalf of the Secretary of State for the Department of Education (DfE) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used.

Purpose and Legal Basis: The DfE uses your personal information to fulfil its functions under article 6(1)(e) of the UK GDPR and to meet statutory responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009. Special category data is processed under Article 9(2)(g) of GDPR and Section 54 of the Further and Higher Education Act (1992).

Data Collection: The ILR collects data about learners and their learning activities. Publicly funded colleges, training organisations, local authorities, and employers must submit this data to the ESFA annually as part of their funding agreement. This ensures public funds are used appropriately and supports education, training, employment, and well-being research.

Data Retention: ILR learner data is kept for 20 years for operational purposes. It is then retained in research databases until you are 80 years old for long-term research.

Data Sharing: ILR data may be shared with third parties in compliance with DfE data sharing procedures and legal allowances. The DfE and the English European Social Fund (ESF) Managing Authority may contact learners for research and evaluation.

To view the full Education and Skills Funding Agency (ESFA) Privacy Notice, visit www.sgscol.ac.uk.

Marketing & Consent

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Where did you hear about the College?

2. Would you like to be kept in contact with future communications? Yes No

By signing below your consent to understanding the following:

- I understand that by signing these statements I become liable to pay the full cost for this course.
- I understand that if I choose to withdraw or I am withdrawn from the course, I am still liable to pay the full costs.
- I confirm that I have read and fully understand the Financial Statement (5a), Learner Agreement (5b), Code of conduct (5c), GDPR Notice (5d) LRS Privacy Notice (5e) and ESFA Privacy Notice (5f).
- I confirm that all the information on this form is correct. I understand that if I have declared false information the provider may take action against me to reclaim the fees and any support costs provided.
- I understand that I am on an ESFA funded programme which could be used as match funding for ESF.
- I understand that I may be asked to provide documentary evidence of my identity.

Signature:

Date:

Parent/Guardian Signature If Learner Under 18:

Date:

Please return the completed form to: Management Information (Admissions), SGS College, Stroud Campus, Stratford Road, Stroud, GL5 4AH



sgs

South Gloucestershire
and Stroud College