

Capel Manor College

Bullsmoor Lane, Enfield, EN1 4RQ

Email: enquiries@capel.ac.uk

www.capel.ac.uk

Principal: **Steve Dowbiggin OBE, PhD, FI Horticulture**

Vice Principal: **Malcolm Goodwin FI Horticulture, FLS, QTLS**

Dear **Applicant**,

Please print the following **application form** (6 pages), complete all fields and send it to Admissions at the above address along with the £40.00 non-refundable Campus Fee.

This course also requires a **personal reference** and an **interview** with the course tutor. Please print the reference form (2 pages) below and give to your tutor or employer. It is to be completed and returned to Admissions. Please try to ensure that your reference is sent to you prior to your interview date.

This application form is specific to the types of course for which you are applying and you should complete all sections of the form. **Incomplete forms will be returned to you and the delay may result in you losing your place.**

Full details of the course are shown on the college website. If you require any further information or you need assistance with completing this application form, please contact Admissions on **08456 122 122** or email us at enquiries@capel.ac.uk

We look forward to hearing from you.

Kind Regards

Admissions



Capel Manor Centres at:

Enfield
08456 122 122

Gannarsbury Park
020 8993 6266

Regent's Park
020 7466 7900

Crystal Palace Park
020 8778 5572



Capel Manor College

Application Form and Learning Agreement

Please complete all sections clearly and write in BLOCK CAPITALS

Return your completed form to:

Admissions, FREEPOST NW4589

Bullsmoor Lane, Enfield, Middlesex, EN1 4BR

TEL: 08456 122 122 EMAIL: enquiries@capel.ac.uk WEB: www.capel.ac.uk

Date received:

SECTION A: PERSONAL DETAILS

If you have studied at Capel Manor College before, please provide your student number: (on your student ID Card)

If you have previously been given a Unique Learner Number (ULN) please provide:

Title: Mr Mrs Miss Ms Other Gender: Male Female

Surname/Family Name:

First Name/Given Name(s):

If you have changed your name in the last five years please specify:

Date of Birth: / / Age on 31 August 2016

National Insurance Number:

Home Address: Home Telephone No:

Mobile Telephone No:

Postcode: Email:

Borough/County: @

The College uses text and email to contact students.

Please tick if you do **not** want to be contacted by e-mail by text by phone

Who should we contact in case of an emergency?

Name: Relationship: Tel No:

If you are under 18 please also complete the following section.

Name of Parent or Guardian:

Address: (If different from above)

Postcode:

Tel No:

SECTION B: COURSE FOR WHICH YOU ARE APPLYING

Please enter the academic year and the title and level of the course below. Circle the centre you wish to attend, the mode of attendance, the start term and weekday, taking the details from the Capel Manor College Prospectus.

Course Title and Level								Academic Year	
Centre	Crystal Palace	Enfield	Gunnersbury Park	Regent's Park					
Attendance	Full-time	Part-time	Evening	Professional Short Course (PSC)	If PSC Start Date				
Day(s)	Mon	Tues	Wed	Thur	Fri	Sat	Start Term	September - January - April	

Course Title and Level								Academic Year	
Centre	Crystal Palace	Enfield	Gunnersbury Park	Regent's Park					
Attendance	Full-time	Part-time	Evening	Professional Short Course (PSC)	If PSC Start Date				
Day(s)	Mon	Tues	Wed	Thur	Fri	Sat	Start Term	September - January - April	

OFFICE USE ONLY:	1st Proof	Course Codes	Approved by	2nd Proof

Equal Opportunities

Capel Manor College values applications from all persons irrespective of disability, learning difficulty or ethnicity and we want all who may gain benefit from attending courses at the College to be able to do so. This declaration will not disadvantage any potential student in securing a place on a course at the College. Any information given will be treated confidentially and will only be used to offer you the support you need. As part of the selection and recruitment process, you may be contacted by a member of the Student Services Team for a further interview.

SECTION C: DISABILITY (PLEASE TICK ALL THE BOXES BELOW AS APPROPRIATE)

<input type="checkbox"/> 98. No disability	<input type="checkbox"/> 2. Hearing impairment	<input type="checkbox"/> 3. Disability affecting mobility	<input type="checkbox"/> 4. Other physical disability
<input type="checkbox"/> 5. Other medical condition (for example epilepsy, asthma, diabetes)	<input type="checkbox"/> 6. Emotional/behavioural difficulties	<input type="checkbox"/> 7. Mental health difficulty	
<input type="checkbox"/> 8. Temporary disability after illness or accident	<input type="checkbox"/> 9. Profound / complex disabilities	<input type="checkbox"/> 97. Other (Please State)	
<input type="checkbox"/> 10. Asperger's syndrome	<input type="checkbox"/> 90. Multiple disabilities	<input type="checkbox"/> 1. Visual impairment	

SECTION D: LEARNING DIFFICULTIES/LEARNING SUPPORT NEEDS

<input type="checkbox"/> 98. No learning difficulty	<input type="checkbox"/> 2. Severe learning difficulty	<input type="checkbox"/> 10. Dyslexia	<input type="checkbox"/> 11. Dyscalculia
<input type="checkbox"/> 19. Other specific learning difficulty	<input type="checkbox"/> 20. Autism spectrum disorder	<input type="checkbox"/> 90. Multiple learning difficulties	<input type="checkbox"/> 1. Moderate learning difficulty
<input type="checkbox"/> 97. Other (Please State)			

Does your disability/learning difficulty require support? ☐ Yes ☐ No Did you get extra help at school? ☐ Yes ☐ No

If Yes, what type of help did you receive (e.g. equipment, tutor support, in-class support etc)

Did you receive any help for your exams? ☐ Yes ☐ No If Yes, please state the concessions that were made

Do you have a Statement of Educational Needs, a Transition Report or a School Action (Plus) statement? ☐ Yes ☐ No

If Yes, please attach a copy of the report.

SECTION E: ADDITIONAL INFORMATION

Are you in or have you been looked after by Local Authority care? ☐ Yes ☐ No If Yes, please state which local authority

Schooling was interrupted between the ages of 5 – 16 ☐ Yes ☐ No

☐ Living in a hostel or other residential centre ☐ Offender who is serving a sentence in the community (See Section F)

Are you receiving or have you recently received support from other professional services? ☐ Yes ☐ No

If Yes, please provide the name of the service, the professional's name and contact number and the reason for the support:

Would you like to be invited for a confidential interview regarding issues which may impact on your learning? ☐ Yes ☐ No

SECTION F: CRIMINAL CONVICTIONS

The College has a duty of care, particularly to learners who are under 18 years of age. In view of this all applicants are required to declare criminal convictions. All information given will be treated as sensitive data under the Data Protection Act and dealt with in accordance with our Equality and Diversity Policy and Admissions Policy.

Do you have a criminal conviction? (excluding fixed penalty driving offences) ☐ Yes ☐ No If Yes, details should be given in a sealed envelope.

SECTION G: ETHNICITY

How would you describe your ethnic origin? (please tick the appropriate box)

<input type="checkbox"/> 31. English/Welsh/Scottish Northern Irish/British	<input type="checkbox"/> 35. White and Black Caribbean	<input type="checkbox"/> 39. Indian	<input type="checkbox"/> 44. African
<input type="checkbox"/> 32. Irish	<input type="checkbox"/> 36. White and Black African	<input type="checkbox"/> 40. Pakistani	<input type="checkbox"/> 45. Caribbean
<input type="checkbox"/> 34. Other White background	<input type="checkbox"/> 37. White and Asian	<input type="checkbox"/> 41. Bangladeshi	<input type="checkbox"/> 46. Other Black / African Caribbean background
	<input type="checkbox"/> 38. Other Mixed / multiple ethnic background	<input type="checkbox"/> 42. Chinese	<input type="checkbox"/> 98. Other ethnic group
		<input type="checkbox"/> 43. Other Asian background	

Is English your first language ☐ Yes ☐ No If No, please specify

SECTION H: RELIGIOUS IDENTITY

What is your religious identity?

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> No Religion
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other, please state

SECTION I: SEXUAL ORIENTATION

Do you identify as?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian / Gay	<input type="checkbox"/> Bi-Sexual	<input type="checkbox"/> Don't wish to state
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SECTION J: EDUCATION

1. If you attended school(s) within the past five years, please state name(s) here:

Borough / County: Postcode:

3. What college did you last attend?

Borough / County: Postcode:

SECTION K: PREVIOUS EDUCATION AND QUALIFICATIONS (PLEASE TICK ONE)

What is your highest level of educational qualification achieved so far?

<input type="checkbox"/> No formal qualifications	Level 2 <input type="checkbox"/> 5 or more GCSE/'O' Level grades A*-C or predicted <input type="checkbox"/> or 1 'A' Level <input type="checkbox"/> or 2-3 AS Levels <input type="checkbox"/> or other Level 2 (First Diploma, NVQ Level 2) <input type="checkbox"/> or Progression Diploma Level 2	Level 4 <input type="checkbox"/> Teaching Qualification (e.g. PGCE) <input type="checkbox"/> or First Degree <input type="checkbox"/> or other Level 4 (e.g. HND, HNC, NVQ Level 4)
<input type="checkbox"/> Entry Level Basic Skills, ESOL Entry A, B, C, Access to FE		<input type="checkbox"/> Level 5 Higher Degree (e.g. MBA, MBSoc or PhD)
Level 1 <input type="checkbox"/> GCSE/'O' Level grades D-G <input type="checkbox"/> or less than 5 GCSE grade A-C or predicted <input type="checkbox"/> or 1 AS Level <input type="checkbox"/> or CSE below grade 1 <input type="checkbox"/> or Progression Diploma Level 1	Level 3 <input type="checkbox"/> 2 or more 'A' Level <input type="checkbox"/> or 4 or more AS Levels <input type="checkbox"/> or other Level (e.g. BTEC National)	I confirm I have an English GCSE A*-C <input type="checkbox"/> Y <input type="checkbox"/> N I confirm I have a Maths GCSE A*-C <input type="checkbox"/> Y <input type="checkbox"/> N

List any relevant qualifications to support your application and why you are applying for the course; interests, experience, ambition etc:

Personal Reference

The College requires personal references for courses requiring an interview (see college prospectus or the website). If the course for which you are applying is one of these, a Personal Reference form will have been included with the application form. Please forward the reference form to your referee as explained on the form. Enter the name of your referee and the date you sent the form to them below.

Name: Relationship:

Date:

SECTION L: NATIONALITY

1. Have you been NORMALLY RESIDENT in the UK/EU/EEA for the past 3 years (excluding temporary absence or holidays)? Yes ☐ No ☐

2. What is your nationality?

IF YES, GO TO SECTION N. IF NO, GO TO SECTION M

SECTION M: RESIDENCY

Please state the country you have been living in for the past 3 years:

Date of entry into the UK:

Are you:

☐ An asylum seeker legally in the UK for 6 months or more pending consideration of a claim by the Home Office
☐ An asylum seeker refused asylum, but eligible for support, under Section 4 of the Immigration and Asylum Act
☐ A refugee, or a spouse/child of a refugee
☐ An international student
☐ Married to or in a recognized civil partnership with a person (with settled status) for a year or more
Date

Do you have:

☐ A home office or solicitor's letter or an Application Registration Card (ARC)
☐ Fixed leave to remain
☐ Indefinite leave to remain
☐ Student Visa expiring on

We will need to see appropriate official residency documentation and evidence of your marriage or civil partnership. Evidence needs to clearly state your residency status, the length of stay you have been granted and any limitations (if any). Please note that all letters must be original and no more than 6 months old.

OFFICE USE ONLY :

Residency checked by: Date

Type of Source of Evidence: Date

SECTION N: PAYMENT DETAILS

Students aged 19 plus need to include a non-refundable Campus Fee of £40 for each course applied for.


☐ **Yes**

☐ I authorise you to debit my MasterCard / Visa / Access / Delta / Switch card number for £ _____

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Valid from				Expiry date				Issue Number (Switch)		
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Refunds: Please note that the Campus Fee of £40 is non-refundable.

SECTION 0: EMPLOYMENT

Are you currently in full time education / training: Yes ☐ No ☐

If unemployed are you: ☐ Unemployed through redundancy ☐ Unemployed for other reasons than redundancy ☐ NEET

Are you in receipt of: ☐ Job Seekers Allowance ☐ Employment and Support Allowance (ESA or WRAG)

Economically Inactive (including retired)

Company Name: _____ Contact Name: _____

[illegible]

Postcode: Telephone No:

SECTION P: SUMMARY OF FEE STATUS

14 – 16 years of age

16 – 18 years of age

☐ In receipt of Job Seekers Allowance

19 – 23 years of age applying for first full level 2 or 3

19+ paying full fees

☐ In receipt of Employment and Support Allowance (WRAG or ESA)

Applying for an Advanced Learning Loan

SECTION Q: DATA PROTECTION STATEMENT 2012/2013 (correct at time of going to print)

PROTECTION STATEMENT 2012/2013

<http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm>

The College may also share your data with other organisations engaged in helping provide learning programmes, their administration systems first ensuring all will respect and abide by privacy rules.

☐ Tick this box if you do not wish to be contacted about courses or learning opportunities

☐ Tick this box if you do not wish to be contacted in respect of surveys and research

☐ Tick this box if you do not wish to be contacted by email

☐ Tick this box if you do not wish to be contacted by phone

☐ Tick this box if you do not wish to be contacted by post

Student's Signature: _____

Date: / /

YOU MUST SIGN THIS SECTION OF THE FORM, REGARDLESS OF TICKING ANY OF THE ABOVE.



Capel Manor College

Date received:

Personal Reference Form

Please complete all sections clearly and write in BLOCK CAPITALS

Please return your completed form to:

Admissions, FREEPOST NW4589

Bullsmoor Lane, Enfield, Middlesex, EN1 4BR

TEL: 08456 122 122 EMAIL: enquiries@capel.ac.uk WEB: www.capel.ac.uk

PERSONAL REFERENCE

Required for full-time applications, apprenticeships and all courses that require an interview

Please complete section 1 of this form yourself and then hand or send it to the person who will write your reference. This should be someone of standing, or in authority, who can independently comment on your personal qualities, normally your Head of Year/Tutor or Employer. Section 2 should not be completed by you, a friend or a member of your family. The College may ask you to provide a second reference if more information is required to support your application.

SECTION 1 To be completed by the Applicant

First Name Last name/Family name Title (Miss/Mr/Mrs/Ms etc)

Date of birth: / /

Title of course applied for:

EDUCATION

Examinations taken or to be taken

SUBJECT/LEVEL	LEVEL	ACTUAL GRADE	YEAR TAKEN	To be completed by Referee
				PREDICTED GRADE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 To be complete by the Referee

Please would you comment on the suitability of this applicant to undertake the course of study shown.

Personal qualities of the applicant	Excellent	Good	Average	Below Average	Additional Comments
Attendance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Punctuality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reliability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behaviour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motivation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationships with peers/teachers/lecturers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of work produced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attitude to studies/work environment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to work in a team/group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Written communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Progress on course	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCE STATEMENT

Please comment on the personal qualities and/or suitability of the applicant for the proposed course:

DATE OF ATTENDANCE/EMPLOYMENT FROM		D	D	/	M	M	/	Y	Y	TO	D	D	/	M	M	/	Y	Y	
WHAT IS YOUR RELATIONSHIP TO THE APPLICANT?																			
Employer / Year Tutor / Headteacher / Other (please specify):																			
NAME OF REFEREE																			
SIGNATURE OF REFEREE																			
OCCUPATION																			
ADDRESS																			
TEL									DATE	D	D	/	M	M	/	Y	Y		

Thank you for completing this reference. Please return the form to Capel Manor College at the address shown.