

| | | | |
|------------|--|-----------------------------|--|
| Title | | DOB | |
| First Name | | NI Number | |
| Surname | | Gender | |
| Address | | | |
| Address | | Postcode | |
| Country | | Postcode prior to enrolment | |
| Telephone | | Email | |

COURSE DETAILS

| |
|-----------------------------------|
| Name of course being applied for: |
| Planned start date: |
| Delivery location: |

RESIDENCY STATUS

| | |
|---|--------------------------|
| I confirm that I am a citizen of a country within the European Economic Area (EEA) or other countries determined within the EEA, including those with bilateral agreements such as Switzerland, or have a Right of Abode in the UK | <input type="checkbox"/> |
| I confirm that I have been ordinarily resident in the EEA or other countries determined within the EEA, including those with bilateral agreements such as Switzerland, for at least the previous three years on the first day of learning | <input type="checkbox"/> |
| I confirm that I have the right to work in England | <input type="checkbox"/> |
| Nationality | |
| Do you confirm that you will spend 50% or more of your working time in England over the duration of this course? | <input type="checkbox"/> |

EMPLOYMENT STATUS

| | | | |
|--|--------------------------|--|--------------------------|
| First Date of Employment | | | |
| I confirm that I am employed and have a contract of employment | <input type="checkbox"/> | Full-time (over 30 hours) | <input type="checkbox"/> |
| Part-time | <input type="checkbox"/> | If part-time, please state hours worked: | |
| Company name | | | |
| Address | | | Postcode |
| Contact Name | | Position | |
| Contact Tel | | Email | |

Student name

PRIOR ATTAINMENT

Do you intend to claim compensation against any prior learning or experience?

Yes

No

| Qualification | Level (e.g. 1, 2, 3) | Type (e.g. GCSE, NVQ, Certificate) | Date achieved | Result or Grade |
|---------------|----------------------|------------------------------------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

DECLARATION

I certify that the information provided on this form is true and correct.

Signature

Date

Student name

LLDD AND HEALTH PROBLEMS

I consider myself to have a disability or other support need
(If you ticked yes, please indicate your disability or other support need below)

Yes

No

Visual impairment (4)

Hearing impairment (5)

Disability affecting mobility (6)

Profound complex disabilities (7)

Social and emotional difficulties (8)

Mental health difficulty (9)

Moderate learning difficulty (10)

Severe learning difficulty (11)

Dyslexia (12)

Dyscalculia (13)

Autism Spectrum Disorder (14)

Asperger syndrome (15)

Temporary disability after illness or accident (16)

Speech, language and communication needs (17)

Other physical disability (93)

Other specific learning difficulty (94)

Other medical condition (95)

Other learning difficulty (96)

Other disability (97)

Prefer not to say (98)

Of the above, please indicate your primary disability or other support need:

ETHNICITY

WHITE:

English/Welsh/Scottish/Northern Irish/British (31)

Irish (32)

Gypsy or Irish traveller (33)

Any other White background (34)

MIXED/MULTIPLE ETHNIC GROUP

White & Black Caribbean (35)

White & Black African (36)

White & Asian (37)

Other mixed/multiple ethnic background (38)

ASIAN/ASIAN BRITISH:

Indian (39)

Pakistani (40)

Bangladeshi (41)

Chinese (42)

Other Asian background (43)

BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH:

African (44)

Caribbean (45)

Other Black/African/Caribbean background (46)

OTHER ETHNIC GROUP:

Arab (47)

Any other Ethnic group (98)

Student name

SAFEGUARDING

Do you have any unspent criminal convictions?

Having a criminal conviction will not necessarily bar you from obtaining a place at UCQ

Yes No

HOUSEHOLD SITUATION

Please tick which of the following statements apply:

No household member is in employment and the household does not include any dependent children

No household member is in employment and the household includes one or more dependent children

Student lives in a single adult household with dependent children

None of these apply

I confirm that I wish to withhold this information

Do you have an education, health and care plan (EHC)? Yes No

Please let us know if you would like to discuss your support needs by ticking this box

UCQ want to meet the aims and commitments set out in its Equality and Diversity Policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the student body in encouraging equality and diversity. UCQ need your help and co-operation to do this, however, filling in the following section is voluntary.

WHAT IS YOUR RELIGION OR BELIEF?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please write in

ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP? Yes No Prefer not to say

WHAT IS YOUR SEXUAL ORIENTATION? Heterosexual Gay Lesbian

Bisexual Prefer not to say If you prefer to use another term please specify here

DO YOU HAVE CARING RESPONSIBILITIES? IF YES, PLEASE TICK ALL THAT APPLY

None

Primary carer of a child/children (under 18)

Primary carer of a disabled child/children

Primary carer of a disabled adult (18 and over)

Primary carer of an older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

Student name

YOUR PRIVACY AND DATA

The personal information you provide is passed to the Education and Skills Funding Agency. The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. You may be contacted after you have completed your programme of learning to establish whether you have remained in employment or progressed from your current role. If successful in gaining entry onto the programme, the applicant agrees to photographs being taken of them for training and assessment purposes.

The data we hold about you will not be used for marketing purposes unless you give your express consent. Information about how your data will be processed and used securely, including your rights, can be found in the UCQ Data and Privacy Policy. You may request this policy at any time. You can also request access to the data we hold about you at any point.

DECLARATION

**I certify that the information provided on pages 1, 2 and 3 of this
Equality and Diversity form is true and correct**

Signature

Date

Once completed please submit to hello@ucq.ac.uk