



Court Oak Road Harborne Birmingham B17 9TG
Tel: 0121 428 5050 Fax: 0121 428 5048 E-mail: enquiries@qac.ac.uk www.qac.ac.uk

STUDENT APPLICATION FORM

For entry \* (date) Unique Learner Number
OR Immediate Day
Other Residential
(please indicate as appropriate)

PERSONAL DETAILS (Block capitals please)

Table with 2 columns: Personal details fields including First name(s) \*, Surname \*, Known As \*, Gender \*, Address \*, Date of Birth \*, Age on 31 August 2011, Telephone, Postcode, Email.

DETAILS OF PARENT / GUARDIAN / NEXT OF KIN

Table with 2 columns: Parent/Guardian details including Title, First Name, Surname, Address, Relationship, Home telephone, Mobile telephone, Postcode.

PROGRAMME OF STUDY

Please list the courses in which you are interested from the College Prospectus or our website (www.qac.ac.uk) \*:
1.
2.
3.



**EDUCATION AND QUALIFICATIONS** (Most recent first)

Secondary School *, College * (if appropriate)	Dates From – To *	Qualifications gained and currently being studied *	Level / Grade *	Date gained or expected

**EMPLOYMENT HISTORY (if appropriate)** (Including work placements)

Name of employer	Position held (full or part time)	Dates From - To	Reason for Leaving

**OTHER TRAINING** (For RTU applicants: Please give details of any other relevant training undertaken)

Year	Course Title and Organising Body	Length of Course

**HOBBIES AND INTERESTS**


How did you hear about Queen Alexandra College ? \_\_\_\_\_



## OTHER PEOPLE WE MAY CONTACT

Please give details of any relevant professional/s whom we may contact regarding your application, *and complete the consent at the bottom of the page*

Connexions Adviser *	GP/Consultant
Name	Name
Address	Address
Telephone No (Day)	Telephone No (Day)
Fax/Email	
School *	Other (e.g. educational/clinical psychologist, speech therapist, social worker)
Name of School	Name
Name of Contact	
Address	Address
Telephone No (Day)	
Fax/Email	Telephone No (Day)
College	Fax/Email
Name of College	
Name of Contact	
Address	
Telephone No (Day)	
Fax/Email	

## CONSENT

I hereby give my consent for Queen Alexandra College to obtain reports from the above contacts.

Signature of applicant \* \_\_\_\_\_ Date \_\_\_\_\_

Name in block capitals \_\_\_\_\_

As part of your application you will need to complete the enclosed Medical Form. If you are visually impaired a Low Vision Questionnaire will also need to be completed. Please ensure you return the Medical Form, and if appropriate, the Low Vision Questionnaire so that we can make appropriate arrangements for assessment.

The data you supply will be passed to Managing Information Across Partners (MIAP) service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The personal learning record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details on how your data is shared and used by MIAP and how to change who has access to your record, please see the MIAP website at [www.miap.gov.uk](http://www.miap.gov.uk)

## **DISCLOSURE OF CRIMINAL CONVICTIONS** (To be completed by all applicants)

Because you are applying for an educational placement where you will study with vulnerable young people and adults who are visually impaired or have other disabilities, it is our policy to ask you to disclose any convictions you may have. In the event of placement, failure to disclose past convictions may result in expulsion.

Have you ever been convicted of any criminal offence(s)? \* YES NO

If YES, please give details. \_\_\_\_\_  
(If you wish, you may give details in confidence to the College Principal in a sealed envelope).

## **DECLARATION**

I declare that to the best of my knowledge, all the information contained on this application form and on any additional sheets is correct.

Signature of applicant \* \_\_\_\_\_ Date \_\_\_\_\_

## **DATA PROTECTION**

Queen Alexandra College is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of the Act.

Queen Alexandra College is required to pass the information that you provide on this form to the Local Education Authority or the Residential Training Unit of the Department for Work and Pensions. These public bodies are registered under the Data Protection Act 1998. Their registration is primarily for the collection and analysis of statistical data. They will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow them and their partners to monitor performance, improve quality and plan future provision.

I hereby give permission under the Data Protection Act 1998 for Queen Alexandra College to process the data on the application and medical forms.

Signature of applicant \* \_\_\_\_\_ Date \* \_\_\_\_\_

## **ALL FIELDS MARKED WITH \* ARE MANDATORY**

Please return to: Admissions Officer, Queen Alexandra College, 49 Court Oak Road, Harborne, Birmingham, B17 9TG