

APPLICATION FORM



For Office use only: Learner No:

If you would like a guidance interview before completing this form please contact us on 01664 855 444

Which course would you like to apply for?

Title:

Forename(s):

Surname:

Date of Birth:

Age on 31st August in year of commencement of course.

Contact address:

Postcode:

Tel no:

Mobile no:

Email:

Next of kin:

Tel no:

Nationality:

Have you been a permanent resident in the UK/EU for the last 3 years?

Yes No

Are you an asylum seeker?

Yes No

Are you a refugee?

Yes No

Do you consider you that you have a disability or learning difficulty?

Yes No

Please specify:

Do you consider you that you require additional learning support?

Yes No

Please specify:

Please give the name of the last school or college you attended or your current employer:

School/College:

From:

To:

Employer:

Please do not contact employer at interview stage

Where did you find out about BMC?

Continued overleaf.

Qualification achieved / currently studying:

Qualification / subject	Level	Grade obtained / predicted	Date completed / to be taken

Do you have any 'unspent' criminal convictions, as defined by the Rehabilitation of Offenders Act?

Yes No

Personal statement:

Please give the following details: Details of employment, work experience or voluntary work undertaken. Your reasons for wanting to do the course. What are your goals for the future? ie: employment or further study. What are your hobbies / interests? **Please continue on a separate sheet if necessary.**

I understand that the completion of this form does not automatically guarantee me a place on a course and confirm that the information provided is correct.

I understand that the information on this form will be used for administration purposes within BMC relating to my application and may be used for statistical research purposes. Information provided is confidential and will not be supplied to any third party for commercial use. The Data Protection Act of 1998 requires us to gain your consent before it can be used.

Applicant's signature:

Date:

BMC uses SMS text and email to contact students. If you do not wish BMC to contact you in this manner, please tick here:

Consent: (applied where an applicant is under 18 years old on September 1st of the year which the course commences.)

This application by my son / daughter / ward has my full support:

Signature of parent / guardian:

Date:

What to do next: Please return this form immediately to:
Course Applications, BMC, Asfordby Road, Melton Mowbray, Leicestershire, LE13 0HJ