

International Application Form

Date d/m/y:

Student Information	
First Name(s):	Family Name/Surname:
Title: Mr/Mrs/Miss:	Gender:
Date of Birth:	Passport No:
Nationality:	Country of Residence:
Parents nationality	
Permanent Address:	Postcode/Zip Code:
Telephone Number (home):	Telephone Number (mobile):
E-mail Address:	
Correspondence Address in the UK (if applicable):	
First Language (language spoken at home):	Postcode/Zip code:

Please indicate your ethnic group: please tick ONE box	
<p>White</p> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> American <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any Other White Background <p>Mixed/Multiple ethnic groups</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/multiple ethnic background <input type="checkbox"/> Latin American <p>Asian/Asian British</p> <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <p>Black/African/Caribbean/Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> American <input type="checkbox"/> Any other Black/African/Caribbean background <p>Other ethnic group</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Other
<p>Do you have a criminal conviction (excluding minor motoring offences)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, a meeting may be arranged to discuss your record as part of our safeguarding arrangements. Failure to disclose this information may result in exclusion from College.</i></p>	

Emergency contact (parents, family, carer)

Full Name:	Relationship :
Contact number:	Email Address:

Do you have next of kin in the UK?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If your answer is Yes, please write the following details: Name:	Mobile:
Email:	
If you are an adult and don't have next of kin in the UK, please provide the name and mobile number of a friend, Land lord or host family in the UK:	

Select your English qualification: IELTS Cambridge ESOL TOEFL other

Level or grade:

Learning Difficulties, Disabilities or Medical Conditions

Do you consider that you have a learning difficulty, disability, or health problem? No Yes

Please provide details of any learning difficulties, disabilities or medical conditions that may require special arrangements or additional support, e.g. visual impairment, dyslexia, allergies, mental health, medical or other health problems. This information will enable the College to provide support if required.

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Agent Contact Details (if applicable)

Name of Agent:	
Agent Address:	
Agent Telephone Number:	Agent E-mail:

How did you hear of HSDC?

Consent for Work Experience / Industry Placement / Shadowing / Sporting Events / Enrichment Activities / Offsite Day Visits

I confirm that I have informed the College of any condition that would result in unnecessary risk to myself /my son/daughter/ward or others' health & safety. I agree to inform the College of any changes to this. If such a condition does exist, I agree that the medical condition may be discussed with and passed in confidence to the prospective employer or responsible person. Where work experience/shadowing involves working with children under the age of 16 or vulnerable adults, the College is obliged to carry out an enhanced Disclosing & Barring Service (DBS) check.

I agree to the above and acknowledge that myself/the student will participate in work experience/shadowing and may participate in sporting events, enrichment activities and offsite day visits and that myself/the student may have to use public or private transport to do this.

I declare that to the best of my knowledge; the above information is accurate and truthful. I understand that any offer made by the College is subject to validation of all documentation.

Applicant signature

Parent Signature/Carer

Please send your completed application form to international@hsrc.ac.uk with the following information in support of your application:

- Copy of your passport
- Copy of the certificates for the highest and relevant qualifications that you have already obtained in the last 2 years
- Copy of a recent English language certificate (IELTS, Cambridge)
- Copy of your current and previous UK visas if you have been to the UK before

Telephone: For general enquiries, please call +44 (0) 23 9387 9999 / Mobile: +44 07702 8852 11

Cancellation terms:

The college will not give any refund on the fees

If at any time throughout the application process you require advice or support, please e-mail international@hsvc.ac.uk who will be able to deal with your queries quickly.

Please note that the College does not accept responsibility for costs incurred by an applicant or an agent prior to a visa application decision having been made. The College will not reimburse the cost of expenses incurred where the reason for a visa refusal or non-attendance is outside of the control of the College.

Privacy Statement – how we use your personal information

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). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

<input type="checkbox"/> About courses or learning opportunities.	<input type="checkbox"/> By post.
<input type="checkbox"/> For surveys and research.	<input type="checkbox"/> By phone
	<input type="checkbox"/> By Email

I agree to visual images being used for marketing purposes. Yes No

If HSDC have qualification or centre approval withdrawn by any awarding organisation, we will support you in finding a local provider with who you can complete your studies.

Further information about use of and access to your personal data, details of organizations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

Agreement/Signature

I agree that initial assessment and guidance concerning the course has been provided, this included information about the course, its entry requirements, the implications of the choice of course, its suitability and the support which is available to students. I agree that I have read this document and the information given on this application is correct to the best of my knowledge. I agree that this information can be used to process my data for any purposes connected with my studies or my health and safety whilst on the premises or for any other contractual requirements and in particular to the disclosure of all the data on this form or otherwise collected about me to the ESFA for the purposes noted above in the Privacy Statement.

Student Signature	Date
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College use only: Interviewer:	Date:
Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
For current full-time student approval	
Tutor Name:	Tutor Signature: Date: