



123 South End, Croydon, CR0 1BJ
Tel: 020 8688 4440 Fax: 020 8686 8808
City & Guilds and OCR Approved Centre No: 009119

Attach four
passport photos

APPLICATION FORM

SECTION A – Personal Details

Surname: _____

Title: Mr/Miss/Mrs/Ms*
(* delete as applicable)

Other Names: _____

Address: _____

Post Code: _____

Telephone - (Home): _____

Mobile: _____

Sex: _____

Date of Birth: _____

Last School/College Attended: _____

Address: _____

SECTION B – Course/Programme Details

Title of course/programme for which you are applying: _____

- | | | |
|----------------------------|----|-------|
| Subjects/
Unit/ Modules | 1. | _____ |
| | 2. | _____ |
| | 3. | _____ |
| | 4. | _____ |

SECTION C – Academic/Professional Qualifications

School/College	Examination Body	Award	Year

SECTION D – Sponsor

Name of Sponsor: _____

Address: _____

Telephone 1: _____

Telephone 2: _____

SECTION E – Payment Record

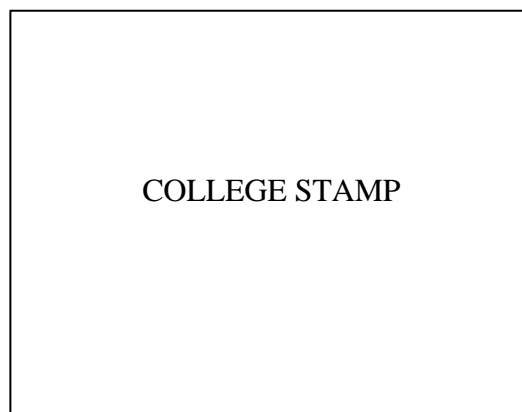
Deposit Paid: £ _____

Date Paid: _____

Amount in words: _____

Balance due: _____

Arrangement to pay fees: _____



SECTION F – Student’s Visa

(if applicable)

Nationality: _____ Passport No: _____

Date of last entry into the United Kingdom: _____

Student’s Visa valid from: _____ To: _____

Issuing Authority: _____

Do you intend to continue with your studies after the completing the present course?

Signed: _____

Date: _____

Comment (Office Use Only)

HEALTH DECLARATION FORM

TO BE COMPLETED BY ALL APPLICANTS

Name:	Address:
	Postcode:
Telephone No:	Date of Birth:

Please answer all questions. If you answer **Yes** to any of the questions, please give details in the space provided. You may continue on the back of this form. You must inform us immediately if any of the following information changes.

Have you ever had any of the following including childhood illnesses:

Description of Illness	YES	NO	Details/Dates
1. Cardiac/Vascular Illness	?	?	
2. Eye Disease/Injury or Defect of Vision not Corrected by Lenses	?	?	
3. Asthma, Chest Trouble	?	?	
4. Tuberculosis	?	?	
5. Diabetes	?	?	
6. Epilepsy, Fainting Attacks, Blackouts	?	?	
7. Chicken Pox or any Skin Disease	?	?	
8. Any Degree of Hearing Loss	?	?	
9. Hepatitis	?	?	
10. Back Pain, Sciatica	?	?	
11. Do you have any deformities which affect movement of Physical Disability	?	?	
12. Do you suffer from any allergy or hayfever	?	?	
13. Are you receiving any medication from a doctor	?	?	

Description of Illness	YES	NO	Details/Dates
14. Have you ever been treated for any Serious illness/operations?	?	?	
15. Are you a registered disabled person	?	?	
16. Mental Illness	?	?	
17. I believe that I am medically fit to carry out the duties of the position I have applied for	?	?	
18. Are there any reasonable adjustments that an Employer should make to enable you to work	?	?	
19. Date of last chest X-Ray and why	?	?	

Please give details of last immunisation or vaccination for:

Tuberculosis (We will require a statement of evidence regarding TB immunity i.e. Heaf/Mantoux status)
Rubella (German Measles)
Poliomyelitis/Tetanus
Hepatitis B (Prescription easily available from your GP, written confirmation MUST be provided)

Additional Information	General Practitioner's Name, Address and Telephone No or Occupational Health Department

Do you have an illness and/or disability, which could affect you during this course? If yes, please give details:

A GP letter will be required stating fitness to work if off sick for a long period.

I declare that all the foregoing statements are true to the best of my knowledge.

I hereby give The Secretary my consent to contact my General Practitioner to obtain further information should it be required.

Signed: _____

Date: _____

TERMS AND CONDITIONS

Signing this form constitutes a binding contract and confirms that you have read, understood and will implement the guidance notes incorporated in the general information sheets.

The Secretary will not accept responsibility for any discomfort or injury possibly attributed to the resources including Repetitive Strain Injury, eye or back problems. You must seek medical advice prior to enrolling on a computer course if you have a history of any ailment. The Secretary will not be responsible for lost property or valuables.

I confirm that until my fees are paid in full The Secretary can keep my passport as security. If I fail to pay my fees by the specified time I agree that I will pay interest of 2% above Bank of England base rate. I also agree to pay the College, legal and court fees etc, if court action is commenced.

The allotted hours of study per week will be Monday to Friday 9.30am to 5.30pm. I further undertake to attend College for a minimum of 15 hours of day time studies per week on the stipulated days. The College is not obliged to apply for a visa application however, The Secretary may write to the Home Office at any time regarding your progress as a student, (i.e. fee payment, character, education and attendance etc).

The Secretary reserves the right to terminate your contract at any time due to misconduct. All fees must be paid in full and are non-refundable (except for medical reasons where a percentage may be refunded).

I understand that my registration with awarding body is included in the fees but examination and certificate costs are excluded.

I have read and understood the terms and conditions, and the College code of conduct.

I will also abide by the United Kingdom Immigration and The Secretary College rules and regulations.

Name and Signature: _____

Witness Signature: _____

Date: _____