

Westminster Kingsway College

HE Application - September 2019

This College forms part of the Capital City College Group



Westminster Kingsway
central London's College

If you require a copy in an alternative format please email the Course Information Team:

courseinfo@capitalccg.ac.uk or call 020 7700 9200

Did you know you can submit your application online? Visit <http://www.westking.ac.uk/apply/>

Office Use Only	
Reference Number <input type="text"/>	Interview Support <input type="checkbox"/> International <input type="checkbox"/>

Please complete this interactive PDF form digitally and email to registryinfo@westking.ac.uk

Section 1 – Your personal details

(all applicants must complete this section)

Please enter your name as it appears on official documents:

Family Name/Surname Title (e.g Mr/Mrs):

First Name(s) Gender (e.g. Male/Female/non-binary)

Date of Birth (DD/MM/YYYY) Age on 31st August 2019

Current Home Address

Country Postcode

Tel (Mobile) Tel (Home)

Email Address

Section 2 – Course(s) you would like to apply for

(all applicants must complete this section)

Course Name (Please list in order of preference)	Level	Course Code (as on website or prospectus)	Choice (Please tick to indicate your choice for each course you have chosen)	
e.g. Business Management	BA	N300	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Section 3 – Additional support

(all applicants must complete this section)

The College has a wide range of additional support. We welcome students with disabilities, learning differences and health concerns. Please select the boxes that are appropriate to you. This will not affect your application but will enable us to consider your additional support needs.

Learning Difficulties

- | | | | |
|--|--------------------------|--|--------------------------|
| 10. Moderate learning difficulty | <input type="checkbox"/> | 00. No learning difficulty | <input type="checkbox"/> |
| 11. Severe learning difficulty | <input type="checkbox"/> | 98. I do not wish to give this information | <input type="checkbox"/> |
| 12. Dyslexia | <input type="checkbox"/> | 96. Other – Please specify | <input type="checkbox"/> |
| 13. Dyscalculia | <input type="checkbox"/> | <input type="text"/> | |
| 94. Other specific learning difficulty
(e.g. Dyspraxia) | <input type="checkbox"/> | | |
| 14. Autism spectrum disorder | <input type="checkbox"/> | | |

Disabilities / Medical Conditions

- | | | | |
|---|--------------------------|--|--------------------------|
| 04. Visual impairment | <input type="checkbox"/> | 07. Profound/complex disabilities | <input type="checkbox"/> |
| 05. Hearing impairment | <input type="checkbox"/> | 15. Asperger's syndrome | <input type="checkbox"/> |
| 06. Disability affecting mobility | <input type="checkbox"/> | 01. Serious visual impairment | <input type="checkbox"/> |
| 93. Other physical disability | <input type="checkbox"/> | 02. Hearing aid user | <input type="checkbox"/> |
| 95. Other medical condition
(e.g. epilepsy, asthma, diabetes) please specify | <input type="checkbox"/> | 00. Wheelchair user | <input type="checkbox"/> |
| <input type="text"/> | | 09. Mental health difficulty | <input type="checkbox"/> |
| 08. Social and emotional difficulties | <input type="checkbox"/> | 97. Other – please specify | <input type="checkbox"/> |
| 17. Speech, language and communication needs | <input type="checkbox"/> | <input type="text"/> | |
| 16. Temporary disability after illness
(e.g. post-viral) or accident – please describe | <input type="checkbox"/> | 98. I do not wish to give this information | <input type="checkbox"/> |
| <input type="text"/> | | 03. No disability | <input type="checkbox"/> |

I have an Education Health Care Plan (EHCP) Yes No

I have a disability and/or a learning difficulty and will need support at interview Yes No

Section 5 – Residency

(all applicants must complete this section)

What is your Nationality according to your passport(s)?

What is your first language?

Do you require a student visa (*Tier 4 visa) to study in the UK? Yes No

*If you live outside of the UK/EU/EEA and want to study in England, a student visa (Tier 4 visa) maybe required. You can find more information here: <https://www.gov.uk/tier-4-general-visa>

Section 6 – Education and qualifications

Name and address of the school or college you are/were attending in 2018/19 (if applicable).

Dates (mm-yyyy)		School/College/Training Organisation
From	To	

Please list any qualifications you have, or expect to achieve. If you are aged 18 or under, your tutor must fill in predicted grades. If you have already taken your exams you need to list your grades in the “Grade Actual” column. If English is not your first language, you must indicate which English language exams you have taken and passed.

Subject	level	Qualification	Month / Year	Grade		Teacher Checked/ Verified
				Predicted	Actual	
<i>e.g. English Literature</i>	2	GCSE	06 / 2019	B		Y/N

All International students should enclose certified copies of their certificates/qualifications with their application.

Section 7 – Personal statement (interests and careers plans)

Please tell us why you want to do this course and about any relevant skills and experience you have. You could mention, for example, work experience, part-time work, voluntary work or other courses you have taken in a similar subject. What do you plan to do after this course? What are your career plans?

Your privacy

The College is registered under the General Data Protection Regulation (GDPR) to hold information on applicants and has procedures to protect personal data.

Westminster Kingsway College is part of the Capital City College Group.

Capital City College Group collect your data as part of our function to provide education services. This is done in a number of ways including when you contact us to enquire about courses and study opportunities.

We will sometimes share your information with third parties to help us to provide our services to you. Some examples are when we need to confirm information about your application and also when we want to keep you informed about courses and study opportunities.

You have many rights regarding your personal data including seeing what data we hold about you and updating your information.

For more information, please read our full Privacy information at:

<http://capitalccg.ac.uk/student-privacy-notice/>

Please keep a copy of this form. Our courses are very popular - apply early to get the best chance of a place on the course you want.