



# Stratford College London

1<sup>st</sup> & 2<sup>nd</sup>, Floors, 43 West Ham Lane, London E15 4PH

Tel: 0207 704 8497

E-mail: [admin@sclondon.ac.uk](mailto:admin@sclondon.ac.uk) Web: [www.sclondon.ac.uk](http://www.sclondon.ac.uk)

Please attach  
2 recent  
photographs

## **APPLICATION FORM**

*(Please ensure all details are fully completed)*

1 About You	
Title ( Mr/Miss/Mrs/Ms): _____	Family Name: _____
Other Name(s): _____	
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality: _____	Place of Birth: _____ Country of Birth: _____
Passport Number: _____	Tel/Mobile No: _____
2 Address: _____ _____ _____	Email: _____  Course applied for: _____

3 Educational Qualifications				
From	To	Institution & Location	Subjects & Grades	Level (e.g. GCSE/GCE, Diploma/Degree)

*Please list results, and attach photocopies of your certificates or official transcripts of your studies, detailing subjects studied and grades achieved together with a translation into English (if appropriate).*

4 Language Skills: What is your first language (mother tongue)? _____
What is your level of English? _____ Awarding Body: _____

5 Employment Record (include a current CV or Resume)			
Name of Employer	From	To	Position

6 How did you hear about this college? _____
7 Any Disability: No Disability <input type="checkbox"/> Dyslexia <input type="checkbox"/> Mental Health <input type="checkbox"/> Long Term Health <input type="checkbox"/> Any Other <input type="checkbox"/>
8 Ethnic Origin: White <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Say <input type="checkbox"/>

9 Declaration
I sign to confirm that the above information is, to the best of my knowledge, true and complete, and I have read and accept the Terms and Conditions of enrolment, as set out overleaf.
Signature _____ Date ____/____/____

(FOR OFFICE USE ONLY)					
ID No.	Total Fees	Start Date	Duration	Fees Paid	Receipt No.

## TERMS AND CONDITIONS OF ENROLMENT

*(All students must ensure that they read the following Terms and Conditions of Enrolment before they sign the Enrolment Form). Terms and Conditions are to set out a contractual relationship between you and the college.*

- 1)** All courses are open to applicants aged 18 and over. However, the student would need to be less than 60 years of age on the first day of the academic year of their course.
- 2)** Students must comply with nationality, residency and previous study rules as set out by the college and/or awarding body.
- 3)** Students must ensure that they provide the correct original evidence when applying for the course e.g. educational documents, passport, NI No., Birth Certificate, bank statements, Council Tax bills, payslips or P60s, utility bills, Tax Credit letters, Self-Assessment tax documents, etc.
- 4)** Enrolment for a course, together with the payment of the fee/ deposit, constitutes a binding agreement on the student to follow the course.
- 5)** The minimum entry requirements for the courses are as set out in the prospectus and in Course specification on our website. All information about course contents and structure is available on our website/prospectus
- 6)** It is the student's responsibility to ensure that assignments are submitted on time to the appropriate course assessors or on Moodle.
- 7)** Attendance is mandatory for all the college academic programmes. The college is unable to provide attendance confirmation for those students whose attendance in class is less than 80%. Absence from college must be for a valid reason. Absence through ill health must be supported by a Medical Certificate.
- 8)** If a student fails to attend classes or fails to submit his/her assignments, then the college will terminate his/her admission and inform the awarding body.
- 9)** Students must register with the awarding body within 28 days of registration. Student must also agree to be bound by the relevant awarding body regulations.
- 10)** Rules have consequences and the college will not, in any way, bend the rules where students are in breach.
- 11)** Students have the right to cancel this contract within 14 days of the course start. There will be no refund if you fail to notify us in writing about course cancellation within 14 days of your course start.
- 12)** Student must also read college's Fee, Refund and Compensation Policy, Complaints Policy and Procedure and Appeals Policy and Procedure available on college website.
- 13)** The information on college website and/or prospectus is correct at the time of printing or publication but is subject to alteration.
- 14)** By accepting the above terms and conditions, you agree to comply with the college's policies and procedures as amended from time to time and available on college website.



# STRATFORD COLLEGE LONDON

## DISABILITY AND ETHNIC ORIGIN MONITORING FORM

The information furnished herein will enable the college to ascertain what support can be given to the student or in other cases sign post students to the appropriate government agencies for support.  
For further information you may contact SCL @ [admin@sclondon.co.uk](mailto:admin@sclondon.co.uk) / Tel 0207 704 8497

SURNAME		FIRST NAME
<b>DISABILITY</b> Please (✓) one box		
A	<input type="checkbox"/>	No disability
B	<input type="checkbox"/>	You have social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
C	<input type="checkbox"/>	You are blind or have a serious visual impairment uncorrected by glasses
D	<input type="checkbox"/>	You are deaf or have a serious hearing impairment
E	<input type="checkbox"/>	You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
F	<input type="checkbox"/>	You have a mental health condition such as depression, schizophrenia or anxiety disorder
G	<input type="checkbox"/>	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
H	<input type="checkbox"/>	You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
I	<input type="checkbox"/>	You have a disability, impairment or medical condition that is not listed above
J	<input type="checkbox"/>	You have two or more impairments/and or disabling medical conditions
U	<input type="checkbox"/>	Information refused

Are you currently or have you previously been in receipt of a UK disabled students allowance?  
Please (✓) one box

Yes

No

**The information provided below is for statistical process only**

<b>ETHNICITY</b> Please (✓) one box			
<input type="checkbox"/>	White	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Other Asian background
<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White and Black Caribbean
<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>	Mixed – White and Black African
<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Mixed – White and Asian
<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Other Mixed background
<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>	Other Ethnic background
<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>	Information refused