

PLEASE COMPLETE ALL SECTIONS
USING BLOCK CAPITALS

1. PERSONAL DETAILS

First Name

Title (Mr / Miss / Ms / Other)

Surname

Home Address

Postcode

Home Tel. Number

Mobile Tel. Number

Email

Date of Birth

Age on 31st August 2016

Gender: Male **Female**

2. WHICH COURSE/S ARE YOU INTERESTED IN? (IN ORDER OF PREFERENCE)

If you need some help choosing the right course, contact Admissions and Student Support and make an appointment to discuss your options. Please call **020 3757 3000**

T: 020 3757 3000
E: info@lesoco.ac.uk
W: www.lesoco.ac.uk

3. WHICH CAMPUS WOULD YOU LIKE TO ATTEND?

The cut, Waterloo

Lewisham Way

Deptford Bridge

4. WHAT IS YOUR FIRST LANGUAGE?

Do you need a translator?

Yes No

5. WHAT WOULD YOU LIKE TO DO IN THE FUTURE?

6. YOUR EDUCATION AND TRAINING BACKGROUND (SINCE AGE 11)

Please list schools / colleges / training you have attended, starting with the most recent

School / College	From month / year	To month / year	Qualification / subject	Grade

You will need to bring proof of qualifications / predicted grades when you come for an interview.

7. WORK EXPERIENCE / EMPLOYMENT HISTORY (PAID, COMMUNITY, VOLUNTARY)

Please list all work experience gained, starting with your current or most recent employer.

Organisation / Place	From month / year	To month / year	Role /duties

8. SUPPORT AT LEWISHAM SOUTHWARK COLLEGE

By giving the College information about your disabilities or health needs you will not be affecting your chances of getting on the course in any way. The information you provide will be shared with our teaching staff to make sure you get the support you need. For further reading information see our Disability Statement.

Do you have a disability, medical or mental health condition or learning support need?

YES NO

If you answered yes, please specify the nature of this support need, e.g. blind/visual impairment, dyscalculia, dyslexia, mental health, mobility difficulties or wheelchair user.

Did you have a statement of special educational needs while you were at school?

YES

NO

9. REFEREES

Please provide the details of two people who will support your application. Please note these should not be friends or relatives. If you are aged 19 or under, one should be from your most recent school.

Referee 1. Name

Job Title

Organisation

Email

Telephone

Referee 2. Name

Job Title

Organisation

Email

Telephone

Declaration: I declare that to the best of my knowledge the information I have given is a true and correct record, I give my consent to Lewisham Southwark College processing this information in accordance with the Data Protection Act 1998. I understand that some of the information requested will be stored and made available to the Department for Business, Innovation and Skills and the Skills Funding Agency anonymously and for statistical purposes only.

Signature (student)

Date

Signature (of parent or carer if you are under 18)

Date

Relationship to student

We would like to keep your personal details on our mailing list. This will be used to keep in touch with you from time to time*.
If you DO NOT wish to be on our mailing list, please tick the box.

We would also like to send you the occasional email*. Please tick this box if you WOULD NOT LIKE to receive email news from Lewisham Southwark College

* Your personal details will only be used by Lewisham Southwark College and NOT be passed to third parties.

PLEASE NOTE THIS IS NOT AN ENROLMENT FORM

Your application will be carefully considered. You may be asked to attend an interview or assessment. When you are accepted on a course you will receive a letter offering you a place and how to enrol. Once you have enrolled you become a student at Lewisham Southwark College

OFFICE USE ONLY

Interviewer's comments (alternatively please state where notes are held)

Results held by

Please return your completed enrolment application to:
The Customer Service Centre, Freepost LON 1 158, SE4 1UT (no stamp needed if posted in the UK)