



COURSE APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Forms can be posted to: **Student Services, Confetti, 6-10 Convent Street, Nottingham, NG1 3LL.**

If you need any help with this form please contact us on **0115 952 2075** or email **studentservices@confetti.ac.uk**.

FIRST NAME: MIDDLE NAME:

SURNAME:

DATE OF BIRTH: / / NI NUMBER:

HOME PHONE: MOBILE PHONE:

ADDRESS:

POSTCODE:

EMAIL ADDRESS:

PREFERRED METHOD OF CONTACT: HOME PHONE MOBILE PHONE EMAIL

ETHNIC ORIGIN (Please select one option from the choices below):

- | | | | | |
|---|--|------------------------------------|------------------------------------|--|
| WHITE | MIXED | ASIAN | BLACK | OTHER |
| <input type="checkbox"/> British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gypsy or Irish traveller | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | |

NATIONALITY:

DO YOU HAVE REFUGEE STATUS? YES NO **ARE YOU AN ASYLUM SEEKER?** YES NO
(Please enclose copies of Home Office letters)

HAVE YOU LIVED IN THE UK OR OTHER EU COUNTRY FOR THE WHOLE OF THE LAST THREE YEARS? YES NO

IF NO, PLEASE STATE WHERE YOU HAVE LIVED:

ADDITIONAL NEEDS AND EXTRA SUPPORT

Confetti acknowledges differences and values and supports all learners. Please answer the following, giving as much details as possible. If you answer yes to any questions you will be contacted to discuss support.

ARE YOU APPLYING AS PART OF THE TRANSITION PROGRAMME? YES NO
 ARE YOU IN CARE OF THE LOCAL AUTHORITY OR WITH THE LEAVING CARE TEAM? YES NO

DO YOU HAVE ANY ADDITIONAL LEARNING NEED WHICH REQUIRES EXTRA SUPPORT?

<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Dyscalculia	Additional information
<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Autism spectrum continuum	
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Multiple learning difficulty	

DO YOU HAVE ANY SPECIFIC HEALTH/MEDICAL CONDITIONS WE NEED TO KNOW ABOUT?

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Mental health condition	Other/Additional information
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Profound complex disabilities	
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Multiple disabilities	

COURSE DETAILS

- WHICH COURSE(S) ARE YOU INTERESTED IN? (Tick all that apply)**
- | | | |
|--|---|---|
| <input type="checkbox"/> Introduction to Creative Industries - Level 1 | <input type="checkbox"/> Game Art - Level 3 | <input type="checkbox"/> Music Performance & Songwriting - Level 3 |
| <input type="checkbox"/> Digital Media - Level 2 | <input type="checkbox"/> Technical Events - Level 3 | <input type="checkbox"/> Screen Acting - Level 3 |
| <input type="checkbox"/> Graphic & Digital Design - Level 3 | <input type="checkbox"/> Music Technology - Level 2 | <input type="checkbox"/> TV & Film Production - Level 3 |
| <input type="checkbox"/> Games - Level 2 | <input type="checkbox"/> Audio & Music Technology - Level 3 | <input type="checkbox"/> Visual Effects & Motion Graphics - Level 3 |
| <input type="checkbox"/> Games Technology - Level 3 | <input type="checkbox"/> Music Technology & Performance - Level 2 | <input type="checkbox"/> Not sure, would like advice |

REFERENCE DETAILS

If you **are** still at school/college, you need to supply the name of a current teacher.

If you **are not** at school/college, your reference needs to be from someone who has known you in a professional capacity.

References should not be any older than two years. **We are unable to accept references from friends or relatives.**

REFEREE NAME:

HOW LONG HAVE YOU KNOWN THEM:

RELATIONSHIP: PHONE:

ADDRESS:
 POSTCODE:

EMAIL ADDRESS:

QUALIFICATIONS

List **all** qualifications you are taking or have already achieved. For year 11 school leavers please write down your predicted grades.

If you have no formal qualifications please tick here

MOST RECENT SCHOOL/COLLEGE:

QUALIFICATION (E.g. GCSE English, A Level Maths, BTEC L2 Diploma in Music):	Predicted Grade	Grade Achieved	Year of Exam

HAVE YOU ATTENDED CONFETTI BEFORE? YES NO If yes, please give your tutor's name:

HAVE YOU APPLIED ELSEWHERE? YES NO If yes, please say where:

WHERE HAVE YOU SEEN CONFETTI ADVERTISED? (Tick all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> I heard a radio advert | <input type="checkbox"/> I saw a post on Instagram | <input type="checkbox"/> I was advised by a referral agency | Other (please specify in comment box)
<input type="text"/> |
| <input type="checkbox"/> I saw a bus advert | <input type="checkbox"/> I saw a post on Twitter | <input type="checkbox"/> I spoke to someone at school event | |
| <input type="checkbox"/> I saw a tram advert | <input type="checkbox"/> I saw a video on YouTube | <input type="checkbox"/> Visited Confetti with school | |
| <input type="checkbox"/> I saw a TV advert | <input type="checkbox"/> I searched on Google | <input type="checkbox"/> Advised by my school advisor/tutor | |
| <input type="checkbox"/> I saw a post on Facebook | <input type="checkbox"/> I spoke to someone at a UCAS Fair | <input type="checkbox"/> Advised by a friend/family member | |
| | | | |

DECLARATION

ARE YOU CURRENTLY ON PROBATION OR SERVING A NON-CUSTODIAL SENTENCE OR AWAITING ANY COURT CASES? YES NO

HAVE YOU ANY UNSPENT CRIMINAL CONVICTIONS? YES NO ARE YOU CURRENTLY ON ANY TEMPORARY ORDERS? YES NO

Confetti positively welcomes students from all communities. Our Equality, Diversity and Inclusion policy is designed to ensure everyone is treated with respect, irrespective of race, gender, disability, sexual orientation, age or social class.

I declare the information given on this form is correct and accurate to the best of my knowledge. I understand the information I supply will be entered into Confetti's tracking database and passed on to Central College Nottingham, but not any external third parties.

SIGNATURE:

DATE: