

Student Application Form

Section 1 – Applicant Details

First Names	
Last Name	
Known as	
Gender	☐ Male ☐ Female ☐
Pronoun	
Date of Birth	
Home Address	
Home Address Town / City	
Home Address County / Region	
Home Address Postcode	
Home Address Country	
Home Telephone Number	
Applicant's Mobile Number	
Applicant's Email Address	

Ethnicity

- | | |
|---|--|
| ☐ Asian or Asian British - Bangladeshi | ☐ Asian or Asian British - Indian |
| ☐ Asian or Asian British – Pakistan | ☐ Asian or Asian British – any other Asian background |
| ☐ Black – Other Black | ☐ Black or Black British - African |
| ☐ Black or Black British – Caribbean | ☐ Black or Black British – any other Black background |
| ☐ Chinese | ☐ Mixed – any other Mixed background |
| ☐ Mixed – White and Asian | ☐ Mixed – White and Black African |
| ☐ Mixed – White and Black Caribbean | ☐ Mixed White and any other ethnic group |
| ☐ Not Known | ☐ Refused |
| ☐ White - any other White background | ☐ White – British |
| ☐ White – English | ☐ White – Irish |
| ☐ White – European | ☐ Any other Ethnic Group |

Religion

- | | | |
|--|--|--|
| ☐ Atheist | ☐ Baptist | ☐ Buddhist |
| ☐ Church of England | ☐ Free Church | ☐ Hindu |
| ☐ Jewish | ☐ Methodist | ☐ Muslim |
| ☐ Other Christian | ☐ Other non-Christian | ☐ Prefer not to say |
| ☐ Roman Catholic | ☐ Sikh | ☐ United Reform |

Are you a permanent UK resident?

☐ Yes☐ No

Do you have valid permission to reside in the UK?

☐ Yes☐ No

Next of Kin Details	
Next of Kin's First Names	
Next of Kin's Last Name	
Next of Kin's Mobile Number	
Next of Kin's Email Address	
Next of Kin's Home Address	☐ Same as applicant ☐ Different to applicant (please fill out fields below)
Next of Kin's Home Address	
Next of Kin's Town / City	
Next of Kin's County / Region	
Next of Kin's Postcode	
Next of Kin's Country	
Next of Kin's Home Phone Number	
Next of Kin's Relationship to Applicant	

Section 2 – Applicant's Health Information

Do you have a Certificate of Visual Impairment (CVI)?	☐ Yes	☐ No	☐
What is the primary cause of your visual impairment?			
Do you have any other medical conditions/disabilities or learning difficulties?	☐ Yes	☐ No	
If yes, please list what medical conditions/disabilities or learning difficulties you have.			
Do you have any allergies or special dietary requirements?	☐ Yes	☐ No	
If yes, please list what allergies or special dietary requirements you have.			
Do you see any of the following professionals?			
☐ Physiotherapist	☐ Speech and Language Therapist (SaLT)		
☐ Counsellor/CAMHS	☐ Occupational Therapist		
☐ Other (please list below)	☐ None		
Please provide details of any mobility aids you currently use.			
☐ Guide Dog	☐ Symbol cane		
☐ Long cane	☐ Wheelchair		
☐ Other (please list below)	☐ None		
Please state what other mobility aids you currently use.			
Do you require us to consider any access arrangements?			

Section 3 – Applicant's Education Information

Please provide details of your current career/employment goal.

Please choose the courses in which you are interested to study at RNC.

- | | |
|--|---|
| ☐ Audio Music Production | ☐ Biology |
| ☐ Braille | ☐ Business |
| ☐ English | ☐ Functional English |
| ☐ Geography | ☐ Health and Social Care |
| ☐ History | ☐ Home Cooking Skills |
| ☐ Information Technology | ☐ Massage and Complementary Therapies |
| ☐ Mathematics | ☐ Functional Mathematics |
| ☐ Modern Foreign Languages | ☐ Music |
| ☐ Personal Growth and Wellbeing | ☐ Preparation for Higher Education |
| ☐ Psychology | ☐ Sociology |
| ☐ Sport and Recreation: Gym Based | ☐ Sports Coaching and Development |
| ☐ Sports Academy | ☐ Support Work in Schools and Colleges |
| ☐ Vocational Pathway | |

Following the completion of your further education, what type of living arrangement do you anticipate or prefer?

- | | |
|--|---|
| ☐ Living with family/friends | ☐ Living independently |
| ☐ Living in supported living arrangements | ☐ Living in university accommodation |
| ☐ Unsure | |

Please provide the name, address and the date you started at your current or most recent school or college.

School or College Name:

School or College Address:

Attended from:

Attended to:

Please provide the name, address and dates of any schools or colleges you have attended since the age of 11.

School or College Name:

School or College Address:

Attended from:

Attended to:

School or College Name:

School or College Address:

Attended from:

Attended to:

School or College Name:

School or College Address:

Attended from:

Attended to:

Please list the qualifications you have achieved to date.

Subject Name	Level	Grade Achieved

Please list any qualifications you are currently working towards.

Subject Name	Level	Predicted Grade

Do you have a current plan relating to your special educational needs?

- ☐ Education, Health and Care Plan (EHCP – English applicants)
- ☐ Individual Development Plan (IPD – Welsh applicants)
- ☐ Coordinated Support Plan (CSP – Scottish applicants)
- ☐ None

Please provide details of any paid or voluntary work experience you have completed?

What are your hobbies and interests?

Section 4 – Stakeholder and Professional Contact

Please provide details of your primary SEN contact at your local authority.

Name of contact:

Role or Job Title:

Email Address:

Telephone Number:

If you have a social worker, please provide their details.

Name of contact:

Role or Job Title:

Email Address:

Telephone Number:

If you have a Qualified Teacher Vision Impairment (QTVI), please provide their details.

Name of contact:

Role or Job Title:

Email Address:

Telephone Number:

Section 5 – Additional Information

Please confirm your preferred working medium.

- | | |
|---|---|
| ☐ Standard print (12pt) | ☐ Large print |
| ☐ Contracted (grade 2) braille | ☐ Uncontracted (grade 1) braille |
| ☐ Audio | ☐ Other |

If your working medium is large print, please specify print size and format, e.g. Arial 18pt bold.

If your working medium isn't listed, please specify what is.

Please provide details of any IT equipment and assistive technology or specialist software you use.

If there is any additional information you would like to provide us with?

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning? If yes, you will be contacted by a designated member of RNC Safeguarding Team to provide further information?

- ☐ Yes ☐ No

Section 6 – Marketing Information

Where did you hear about RNC?

- | | |
|---|---|
| ☐ School or college | ☐ Relative, friend, or current RNC student |
| ☐ Eye hospital or clinic | ☐ Advertisement |
| ☐ Prospectus or leaflet | ☐ Careers advisor, event, or exhibition |
| ☐ Local blind association or support group | ☐ Rehabilitation officer or social worker |
| ☐ Internet (please specify) | ☐ I am an ex-RNC student |

Please specify in further detail if possible about how you first heard about RNC.

Section 7 – Privacy Notice, Data Protection and Personal Information

By completing this form your details will be held on our student record system and will be used for the purpose of administration, guidance and monitoring to assist you with your education whilst at RNC. As part of our admissions process, we will send you information and communications relating to your application and admissions (by email, text, post or phone). RNC will occasionally make student information available to external agencies (e.g. examination boards, careers service, result publications, government agencies, prospective employers etc.). We may also share your information with your current school and any other nominated support worker or representative you may be working with to help you through our application process. The details you have provided may also be shared with internal / external support staff to ensure appropriate support is provided. The data you supply may also be used to check for, or obtain, a unique learner number (ULN). RNC is committed to equal opportunities, our Equality Policy can be found on our website.

I consent to RNC contacting my current or most recent school or college, Local Authority SEND services, Social Services, and QTVI to support the assessment of my needs and to request supporting documentation for my application.

☐ I agree

Signed (potential learner)

Signed (parent/carer if learner is under 18)

Date:

Return completed form to one of the following:

Email: info@rnc.ac.uk | **Post:** Student Recruitment, RNC, Venns Lane, Hereford, HR1 1DT