

Photo

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**STUDENT APPLICATION FORM**

Please Complete in **BLOCK CAPITAL** in black ink

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Details | Centre Ref No (Office use) |  |  |  |  |
| Title: Mr./Mrs./Miss Other |  |  |  |  |
| First Name |  |  |  |  |
| Middle Name |  |  |  |  |
| Surname |  |  |  |  |
| Date of Birth: |  |  |  |  |
| Phone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender | Male  |  | Female |  | Other  |  |  |  |  |
| If you have any disability/Special needs, please mention: |  |  |  |  |
| Address: |  |  |  |  |
| Post Code: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Passport/ID Number |  |
| Nationality |  |

**Educational Background:**

* **Previous Institution Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Qualification Achieved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Duration of Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**English Language Proficiency (if applicable):**

* **Test Taken (e.g., IELTS, TOEFL):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Score:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Test:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Questionnaire**Please tick either Yes or No for the following statements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any known Cardiovascular Problems (e.g. heart condition, heart attacks)? | Yes |  | No |  |  |  |  |
| Do you have any injuries or orthopedic problems (back, knees etc.)?  | Yes |  | No |  |  |  |  |
| If Yes, Please state any injuries you have. |  |  |  |  |
| Are you taking any prescribed medications?  | Yes  |  | No |  |  |  |  |
| If Yes, Please state Prescription you are currently taking. |  |  |  |  |
| Do you have any other medical conditions, injury or anything else we should be aware of that we have not mentioned? | Yes |  | No |  |  |  |  |
| If Yes, Please state any medical conditions you have. |  |  |  |  |
| I declare I have never had any other medical conditions/disorder not already mentioned that could affect my involvement on the training. I understand if any of the information is incorrect I will not hold the Training team, Centre of Awarding Body responsible for any injuries that result. | Agree |  | Dis-agree |  |  |  |  |

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions of the Centre (Visit www.educareint.co.uk)

and agree to abide by them during my entire course of study. I agree to THE EDUCARE COLLEGE and Management processing personal data submitted in this application form, or any other data that the Center may obtain from me, for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 2018) The application form and copies of all supporting documents will be retained by THE EDUCARE COLLEGE in case of an unsuccessful application for admission.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate Signature: |  | Date |  |  |  |  |  |  |  |  |
| Candidate Name: |  |