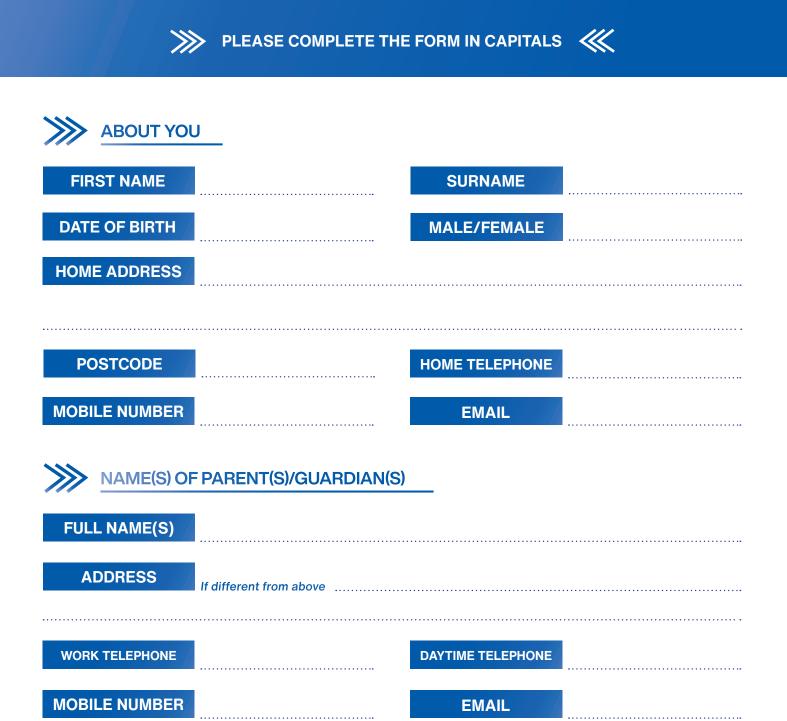
Worthing College

APPLICATION FORM

INTERNATIONAL STUDENT APPLICATIONS

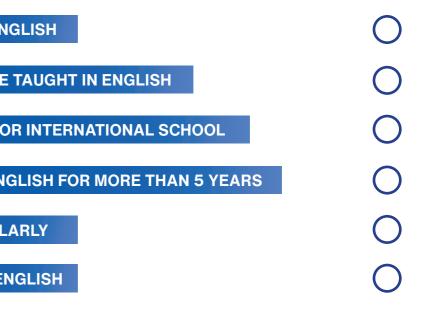
If you would like help in completing this form please contact the **International Office** below: Email: internationalinfo@worthing.ac.uk



Worthing College APPLICATION FORM

ADDRESS	MY FIRST LANGUAGE IS ENGLISH	
COUNTRY	MY SCHOOL LESSONS ARE TAUGHT I	
Iease include area code number below: TELEPHONE MOBILE		
	I ATTENDED AN ENGLISH OR INTERN	ATION
EMAIL ADDRESS	I HAVE BEEN LEARNING ENGLISH FOR	RMOR
NATIONALITY AND RESIDENCY	I CAN USE ENGLISH REGULARLY	
You must attach a copy of your passport if you are not a UK citizen	MY PARENTS CAN SPEAK ENGLISH	
NATIONALITY PASSPORT NUMBER		
EDUCATION	LENGTH OF STUDY	
Name of present school/college or, if you are not at school/college now, what you have been doing this year.	Please indicate below how long you intend to) study a
EDUCATION	ONE TERM	
	1.5 TERMS (1 SEMESTER)	
ENGLISH LANGUAGE SKILLS		
To help us understand your level of English please tick the following boxes:	TWO TERMS	
EXAMINATIONS TAKEN IELTS O TOEFL O CAMBRIDGE PET O		
B2 FIRST O OTHER O please specify	Please give t	the care
RESULTS	OTHER INTERESTS	

Please tick all that applies



ng you intend to study at the college



Please give the career or career areas which interest you below

	•	•	•	• •	•	•	• •	•	•	• •	•	•	•	•	•	•	• •	•	•	• •	•	• •	•	• •	• •	•	• •	•	• •	•	• •	•	• •		• •		•	• •	•	• •	• •	•	• •	• •	•	• •	•	•••	• •	•	• •	•	•	• •	•	
	• •	•	•	• •	•	•	•	• •	•	• •	•	•	•••	•	• •	•	• •	• •	•	• •	•	• •	•••	•	• •	•	• •	• •	•	•	• •	• •	• •	•	• •	•	• •	• •	•	• •	• •	• •	• •	• •	•	•••	•	•••	• •	•	• •	•	• •	• •	•	
•	•	•	• •	•	•	• •	•	•	• •		•		•	• •	1	•		•	• •		•			• •		•		•	• •	•	• •	•	•	• •		•••		• •		•	• •	•	•••	• •	1		•••		• •	•			•	• •	•	

Worthing College APPLICATION FORM

YOUR SUBJECTS

List the subjects you are studying or have studied and give predicted grades or the results you have already achieved.

In "Level" please indicate:

- Hong Kong Certificates of Education DSE School reports
- China Senior Year 2 SY2
- Other High School Certificates HSC

You will need to send copies of certificates and school reports to support your application.

		GRA	DES
SUBJECTS	LEVEL	PREDICTED	ACHIEVED
	•••••••••••••••••••••••••••••••••••••••		



Subjects you are interested in studying at Worthing College.

Please list below and state the level of each proposed subject in order of preference, we will formally offer the first three subjects.

SUBJECTS CHOICES

1ST CHOICE	
2ND CHOICE	
3RD CHOICE	
4TH CHOICE	
5TH CHOICE	
6TH CHOICE	
	ATION
Use this section for add	itional information that applies



.....

es to the application.

 •••••	 ••••••

Worthing College

ACCOMMODATION FORM

WORTHING ACCOMMODATION APPLICATIONS

If you would like help in completing this form please contact the **Accommodation team** below: Telphone: +44 (0)1243 536294 Email: studyabroad@chichester.ac.uk

PLEASE COMPLETE THE FORM IN CAPITALS

Accommodation at Worthing College offers a single room within a homestay residence. The home will be shared with the host family and student.



ACCOMMODATION CONFIRMATION

For students aged 16+ years old. Ticking this option means you understand that you will be staying in homestay and catered at half-board. For more information, please contact us using the details above.

YES () NO ()

YES ONO O

YES () NO ()

HOMESTAY (HALF-BOARD)



ACCOMMODATION REQUIREMENTS

ARE YOU WILLING TO SHARE WITH STUDENTS WHO SPEAK THE SAME FIRST LANGUAGE AS YOU?

IF UNDER 18, ARE YOU WILLING TO SHARE WITH **STUDENTS WHO ARE 18+?**



NO

ARE YOU WILLING TO LIVE IN A HOUSEHOLD WITH SMOKERS?

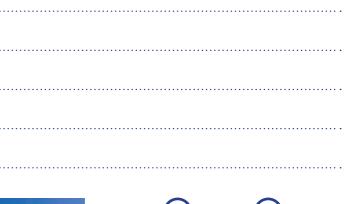
Worthing College

IF YES, PLEASE GIVE DETAILS: DO YOU HAVE ANY SPECIAL DIETARY REQ IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD DO YOU HAVE AN ALLERGIES TO PETS (E.G. DOG,	DO YOL	J HAVE ANY I	MEDICAL	PROBLEMS	?
DO YOU HAVE ANY SPECIAL DIETARY REQ IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD	IF YES	, PLEASE GI\	/E DETAIL	S:	
DO YOU HAVE ANY SPECIAL DIETARY REQ IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
DO YOU HAVE ANY SPECIAL DIETARY REQ IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOOD					
	DO YOU	HAVE ANY S	SPECIAL L	DIETARY RE	Q
	IF YES, F	PLEASE GIVE DE	TAILS INCLU	IDING ANY FO	OC
DO YOU HAVE AN ALLERGIES TO PETS (E.G. DOG,					
	DO YOU	HAVE AN ALLE	RGIES TO P	ETS (E.G. DO	G,





MENTS?



NO

CANNOT EAT (E.G. CELIAC, VEGETARIAN, ETC):

YES

ABBIT, ETC), PLEASE GIVE DETAILS BELOW:

Worthing College ACCOMMODATION FORM

DO YOU HAVE ANY SPECIAL REQUESTS REGARDING ACCOMMODATION?

HOBBIES AND INTERESTS

Please let us know as this will help us when placing you in your homestay accommodation.

>>>MEDICAL DETAILS

DO YOU HAVE A DISABILITY THAT MAY AFFEC **ACCOMMODATION REQUIREMENTS?**

DO YOU TAKE ANY MEDICATION OF ANY KIND **PRESCRIBED OR NOT?**

HAVE YOU RECEIVED ANY MEDICAL, SURGIC **PSYCHIATRIC TREATMENT OF ANY KIND FRO OR IN HOSPITAL IN THE LAST 3 YEARS?**

DO YOU HAVE A DISABILITY THAT MAY AFFEC **ACCOMMODATION REQUIREMENTS?**

DO YOU HAVE A LEARNING DISABILITY/DIFFI **AUTISM OR ADHD?**

OTHER ILLNESS OR DISABILITY?

EHCP

DO YOU HAVE ANY UNSPENT CRIMINAL CO ANY OUTSTANDING COURT PROCEEDINGS YOU RELEASED UNDER POLICE INVESTIGATION?

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE GIVE DETAILS?



CT YOUR	YES	0	NO	0
D, WHETHER	YES	0	NO	0
AL OR M A DOCTOR	YES	0	NO	0
CT YOUR	YES	0	NO	0
CULTY EG	YES	0	NO	0
	YES	0	NO	0
	YES	0	NO	0
ONVICTIONS, 5, OR ARE	YES	0	NO	0

• •	• •	• •	• •	•	• •	• •	•••	• •	• •	• •	•	• •	• •	•	• •	•	• •	• •	•	• •	• •	•	• •	• •	•	• •	• •	• •	• •	•	 •	• •	•	• •	•	• •	•	•	• •	• •	•	• •	• •	• •	• •	•	•••	•	•••	•••	•	
												• •		•																•																						

Worthing College ACCOMMODATION FORM

YES ONO O

YES

HAVE YOU BEEN VACCINATED AGAINST TETANUS IN THE LAST 5 YEARS AND HEPATITIS A OR B, DIP-THERIA, MMR (MEASLES, MUMPS & RUBELLA) AND **MENINGOCOCCAL?**

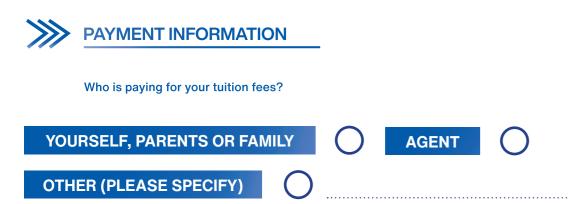
IF NO, WHICH ONES HAVE YOU NOT BEEN VACCINATED AGAINST?

~	~
	>>

MEDICAL INFORMATION

It may be important to your welfare that this medical information is shared with relevant parties whilst living in college accommodation.

I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED IN APPROPRIATE CIRCUMSTANCES WITH **RELEVANT THIRD PARTIES.**



IF YOU HAVE REQUESTED A TRANSFER SERVICE, PLEASE SEND US YOUR FLIGHT DETAILS ONCE YOU HAVE BOOKED YOUR FLIGHT





Worthing College

ACCOMMODATION FORM

WORTHING ACCOMMODATION APPLICATIONS

Remember if you need **any help or advice** regarding your application, please contact us: Telphone: +44 (0)1243 536294 Email: **studyabroad@chichester.ac.uk**



IMPORTANT: BY ENROLLING THE STUDENT ONTO THE COURSE THE PARENT/GUARDIAN IS GRANTING PERMISSION FOR THE STUDENT TO ATTEND ALL ACTIVITIES ORGANISED BY THE COLLEGE.

I AGREE THAT THE INFORMATION CONTAINED ON THIS FORM CAN BE GIVEN TO MY ACCOMMODATION PROVIDER.

DATE

SIGNATURE

I CAN CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS, WHICH CAN BE FOUND ON THE COLLEGE WEBSITE (HTTPS://CHICHESTER.AC.UK/SITES/DEFAULT/FILES/TANDCS.PDF), PLEASE TICK:



Your data is being held securely and in compliance with GDPR. You have the right to access, review, and update this data for completeness and accuracy at any time. The information is held as hard copy. The information is used for your stay at the college including your host provider if applicable. The data is held for 7 years as part of your student file. After this time the data will be securely and permanently destroyed.

IF YOU WISH TO BE CONTACTED VIA PHONE OR EMAIL WITH FURTHER INFORMATION FROM THE COLLEGE ABOUT COURSES, LEARNING OPPORTUNITIES, SURVEYS AND RESEARCH WE WILL NOT PASS YOUR DETAILS ONTO THIRD PARTIES FOR MARKETING PURPOSES, ANSWER YES OR NO BELOW:

