SCHOLARS
SCHOOL SYSTEM

Application Form

1. Course

Please tick the course you wish to apply to

- ☐ **Bsc (Hons) Health & Social Care with Foundation Year**
- ☐ **BA (Hons) Business & Management with Foundation Year**
- ☐ **MA International Business**
- ☐ **Msc Health & Well Being**

2. Year of Entry

☐ 2025 ☐ 2026 ☐ 2027

3. Student information

Title _____ First name(s) _____ Last name(s)_____

Nationality _____ Ethnicity_____ Date of birth _____ /_____ /_____ NI_____

Home address _____

_____

Post Code _____ Residency Status _____

Telephone _____ Mobile _____

Email address _____ First language _____

Passport number _____ Marital Status_____

☐ Male ☐ Female ☐ I use another term ☐ I prefer not to say

Religion _____ Sexual Orientation _____

4. Next of kin / Parent / Guardian information **(please select as applicable)**

Title _____ First name _____ Last name(s) _____

Home address (if different from above) _____

_____ Post Code _____

Telephone (home) _____ Telephone (work) _____

Mobile _____ Email address _____

Education level from your parents _____

_____

5. Student's level of English **(if not native English speaker)**

Number of years studying English _____

Current level of English ☐ Elementary ☐ Intermediate ☐ Upper intermediate ☐ Advanced

6. Student's level of Mathematics

Number of years studying Mathematics ----------

Current level of Mathemmatics ☐ Elementary ☐ Intermediate ☐ Upper intermediate ☐ Advanced

7. Education Please give details of schools you have attended in the past three years

School name School address Dates attended

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8. Education (Continued)

Current school year or stage of education ----------

May we contact your current school for a reference? ☐ Yes ☐ No

Name and full address of referee (this will normally be the Head/Principal)

---------- Email (if known) ----------

9. Employer Information

Employer Name ---------- Job Title ----------

Employer Address ----------

Employment Start Date ---------- Employment End Date ----------

Telephone ---------- Email Address ----------

☐ Full Time ☐ Part Time Working Days/Hours ----------

10. Fee Structure

☐ Home/EU students ☐ International students **Payment Plan:** ☐ Pay in Full ☐ Installments ☐ Funding

11. How did you hear about us?

☐ Friend/family recommendation ☐ School recommendation ☐ Advertisement ☐ Internet ☐ Marketing Consultant

Referral Name ----------

Referral Contact Details ----------

☐ Other (please specify) ----------

12. Additional Information

Disabilities/Special Requirements

SSS is committed to equality of opportunity and welcomes applications from individuals with disabilities. The information you provide here will be used solely for monitoring purposes and to ensure we can provide appropriate support and adjustments if needed.

Do you consider yourself to have a disability or health condition as defined by the Equality Act 2010 (a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities)?

☐ Yes ☐ No ☐ Prefer not to say

If you answered 'Yes', please select the category that best describes your disability or health condition:

a) Physical Impairment (e.g., mobility issues, Paralysis, Cerebral Palsy) ☐

b) Sensory Impairment (e.g., visual impairment, hearing loss, vestibular disorders) ☐

c) Mental health condition (e.g., depression, anxiety disorders, bipolar disorder) ☐

d) Learning disability/difficulty (e.g., dyslexia, dyscalculia) ☐

e) Long-standing illness or health condition (e.g., diabetes, epilepsy, chronic fatigue syndrome) ☐

f) Cognitive impairment (e.g., visual impairment, hearing loss, vestibular disorders) ☐

g) Other, please specify (e.g., speech impediments, disfigurements) ☐

h) Prefer not to say ☐

If you would like to give any additional information to assist us in considering your additional support needs, please do so in the space below.

Do you have any criminal convictions? ☐ Yes ☐ No

If yes, please provide detail ---

13. Declaration

I have enclosed the following:

- ☐ **Proof of ID**
- ☐ **Proof of Address (utility bill etc.)**
- ☐ **Proof of National Insurance Number**
- ☐ **Copies of any qualification**

I confirm that all information and documents provided by myself are true and accurate to the best of my knowledge and I make this statutory declaration consciously believing the same to be true by virtue of the provisions of the statutory declaration act 1835.

I hereby also grant Scholars School System the authority to seek information about me from the individuals or organizations to verify any information about this application.
I also confirm that if I cancelled my application for study / SLC / SFE after 14 days of approval I will be responsible for repayment of any fees. I have read and agreed to abide by the terms of this agreement and the regulations, policies and procedures set forth in this form.

I understand that this application does not guarantee a place at the Scholars School. If the Scholars School decides to proceed with this application the student will be assessed and interviewed.

Learner Signature ---- Name in full ---- Date ----

(Office use only)

Authorised officer Signature ---- Name in full ---- Date ----