

Print name:

Sign:

Date:

(Office Use Only) Student ID:

## CONSENT TO PROCESS SENSITIVE DATA : STUDENT ADMISSIONS

<b>FULL NAME:</b>  (Please write in CAPITAL LETTERS)	<b>COURSE APPLIED FOR:</b>  <b>DATE OF BIRTH:</b>
--	---

The staff at Askham Bryan College are caring and dedicated and in order to support you during your time at College we need to collect the following details from you. The information is collected by our Student Records Department and passed to course tutors and other staff who need to know, in order to meet the College's responsibilities for the health, welfare and safety of all students and staff.

**We are sorry we will be unable to consider your application any further unless you have answered all the questions on this form.**

### CONVICTIONS OR PROCEEDINGS

1. Do you have any criminal convictions or proceedings pending? YES  NO

Please give details in the box below. This does not apply to motoring offences, as a result of which you received a fine or three penalty points, and this does not apply to a spent conviction (as defined by the Rehabilitation of Offenders Act 1974).

The College may require further information, which will be requested before an offer of a place is confirmed. If you are in prison you must tick the "Yes" box and give the prison address. A senior prison officer must support your application.

**If you are convicted of a criminal offence after you have applied or after you have started your course you must tell us.**

### MEDICAL FITNESS

Please would you provide us with information about your health.

Name and address of your doctor: <b>this information is compulsory</b>	Telephone no:
--	---------------

Have you had any illness or operation requiring admission to hospital in the last twelve months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently taking any medication? If YES please give details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you use a wheelchair or have any mobility difficulties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergies to medicines - please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of last Tetanus injection		

**Please turn over ...**

**In order that we can provide you with the support you need please tell us if you have any of the following:**

Asthma, Bronchitis or Hayfever (please circle)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart Condition e.g. blood pressure/heart/stroke circulatory	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fainting/Blackouts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Severe Headaches/Migraines	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any allergies e.g. materials, food	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back, knee or other joint problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you deaf or hard of hearing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you blind or partially sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visual impairment e.g. colour blindness (not corrected by glasses)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mental health difficulties	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Behavioural and/or emotional difficulties	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Phobia e.g. vertigo, agoraphobia, claustrophobia	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Please note that failure to disclose a known medical condition may invalidate medical insurance**

If the answer to any of the above is “**YES**”, or if you think there is anything else we should know, please give details:

Information on this form is sensitive data under the Data Protection Act 1998. The College will process this data in accordance with the law. A decision may be made to withhold an offer of a course place or a place in residence based on this information. If you make a false declaration, the College reserves the right to withdraw your course place or place in residence.

A decision to withhold or withdraw a place will not be made without good reason. You will be told the reason and will be able to appeal against any decision.

If you have any questions about this or any other data processing by the College you can contact our Student Records Officers in Student Records on 01904 772211.

I give my express consent for this data to be processed by Askham Bryan College. **I agree to contact the College if any information changes before or during my course.** I confirm that the information provided on this form is correct and accept the terms and conditions outlined above when studying any course(s) at Askham Bryan College.

Signed ..... Date .....

Parent’s signature if under 18 ..... Date .....

\*I do / do not give permission for Askham Bryan College to take photographs of my \*son / daughter / ward for identification and coursework purposes.

\*Delete as appropriate

Parent’s signature if under 18 ..... Date .....

**Please Return: Student Records, Askham Bryan College, Askham Bryan, York, YO23 3FR or enquiries@askham-bryan.ac.uk**

For College use only:  
Interviewer’s notes on discussions.

