



# Empire College London

## Application Form - Academic Year 2025-2026

ECL Reference (for office use only): \_\_\_\_\_

Photo

Please complete this form in CAPITAL LETTERS. All sections are mandatory and must be completed.

Title: Mr ☐ Mrs ☐ Ms ☐ Miss. ☐ Other ☐ (please specify): \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Marital Status: Married ☐ Single ☐

Other ☐ (please specify): \_\_\_\_\_

Gender: Male ☐ Female ☐ Other ☐

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Age at Enrolment: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Empire College London does not accept any student under the age of 18.**

Passport Number: \_\_\_\_\_

Passport Expiry date: \_\_\_\_\_

Nationality: \_\_\_\_\_

Type of UK Visa (if applicable): \_\_\_\_\_

Expiry Date of UK Visa (if applicable): \_\_\_\_\_

**What is your Country of domicile?** (i.e., Country of your permanent residence)

England ☐ Wales ☐ Scotland ☐ Northern Ireland ☐ Other ☐ (please specify): \_\_\_\_\_

Have you lived in the UK for the last 5 years? (For EU Students only): Yes ☐ No ☐

Date of First Entry to live in the UK: \_\_\_\_\_

**Your UK/Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_

WhatsApp No: \_\_\_\_\_

Email: \_\_\_\_\_

*Please ensure your contact details are correct, as these will be used in any correspondence regarding your application.*

**Next of Kin Details:**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_

WhatsApp No: \_\_\_\_\_

Email: \_\_\_\_\_

Section 1 - Course Applied for:

Pearson BTEC Level 4 Higher National Certificate in Business (RQF) (September and February Intake; Full Time)	<input type="checkbox"/>	Pearson BTEC Level 5 Higher National Diploma in Business (Management) (RQF) (September and February Intake; Full Time)	<input type="checkbox"/>
Pearson BTEC Level 4 Higher National Certificate in Leadership and Management (RQF) (September and February Intake; Full Time)	<input type="checkbox"/>	Pearson BTEC Level 5 Higher National Diploma in Leadership and Management (RQF) (September and February Intake; Full Time)	<input type="checkbox"/>
Pearson BTEC Level 7 Extended Diploma in Strategic Management and Leadership (RQF) (September Intake; Full Time)	<input type="checkbox"/>		

Please confirm the year & intake in which you wish to study:

Session: September <input type="checkbox"/> February <input type="checkbox"/>	Location: London <input type="checkbox"/> Birmingham <input type="checkbox"/>
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Section 2 - Educational Qualification and Employment/Work Experience Details:

Please provide details of your previous qualifications, starting from the highest qualification.  
(Also include any short courses that you have completed)

School/College/University Name	Qualification Level	Qualification Name	Qualification Grade	Year Completed

Please provide details of employment or work experience, starting from the most recent:

Name & Address of Employer	Your position & duties	From	To	Part/full time

Please enclose the updated CV: ☐

Section 3 - Fee Payment

3a: Please indicate who will be responsible for the payment of your tuition fees:				
<input type="checkbox"/> Yourself	<input type="checkbox"/> Parents/Guardian	<input type="checkbox"/> Employer	<input type="checkbox"/> Bank Loan	<input type="checkbox"/> Student Finance (Please complete Section 3b)
3b: Have you applied for Student Finance for the current Academic Year?		<input type="checkbox"/> Yes (please provide details below)		<input type="checkbox"/> No (Go to Section 4)
If yes, please state under which category:	<input type="checkbox"/> UK Student	<input type="checkbox"/> EU Student	<input type="checkbox"/> Migrant Worker	
Please provide SLC SSN Number:				
Has your application been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

Section 4 - Student Finance Information

Have you applied for student finance for any previous studies?	<input type="checkbox"/> Yes (please provide details below)	<input type="checkbox"/> No (Go to Section 5)
If YES, please provide course name, course level, year, and college/university name:		
Did you complete the course successfully?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please provide details below)
If NO, please state reason(s) for non-completion:		

Section 5 - Criminal record

Empire College London has a legal and moral duty to safeguard and promote the welfare of all staff and students. Therefore, you are required to disclose information relating to any criminal convictions as part of your enrolment at the College. A criminal record will not necessarily prevent you from studying at the College but will depend on the nature and background of the offence. Information provided will be treated with strict confidence and by the College Data Protection Policies.

Do you have a criminal conviction?	<input type="checkbox"/> Yes (please provide details below)	<input type="checkbox"/> No

Section 6 - Equal Opportunities

Equal Opportunities: (Please select one option)	
The College has a legal obligation to make sure applicants are not discriminated against or disadvantaged. This information will not influence any decision in respect of your application. This data will only be used for internal analysis and for as part of HESA Data Collection. For further details, please visit HESA Student Collection Notice Link at <a href="https://www.hesa.ac.uk/about/regulation/data-protection/notices">https://www.hesa.ac.uk/about/regulation/data-protection/notices</a> .	
What is your Ethnicity or Ethnic group?	
<div><input type="checkbox"/> Asian - Bangladeshi or Bangladeshi British</div> <div><input type="checkbox"/> Asian - Chinese or Chinese British</div> <div><input type="checkbox"/> Asian - Indian or Indian British</div> <div><input type="checkbox"/> Asian - Pakistani or Pakistani British</div> <div><input type="checkbox"/> Any other Asian background</div> <div><input type="checkbox"/> Black - African or African British</div> <div><input type="checkbox"/> Black - Caribbean or Caribbean British</div> <div><input type="checkbox"/> Any other Black background</div> <div><input type="checkbox"/> Mixed or multiple ethnic groups - White or White British and Asian or Asian British</div> <div><input type="checkbox"/> Mixed or multiple ethnic groups - White or White British and Black African or Black African British</div>	<div><input type="checkbox"/> Mixed or multiple ethnic groups - White or White British and Black Caribbean or Black Caribbean British</div> <div><input type="checkbox"/> Any other Mixed or Multiple ethnic background</div> <div><input type="checkbox"/> White - English, Scottish, Welsh, Northern Irish or British</div> <div><input type="checkbox"/> White - Gypsy or Irish Traveller</div> <div><input type="checkbox"/> White - Irish</div> <div><input type="checkbox"/> White – Roma</div> <div><input type="checkbox"/> Any other White background</div> <div><input type="checkbox"/> Arab</div> <div><input type="checkbox"/> Any other ethnic background</div> <div><input type="checkbox"/> Not known</div> <div><input type="checkbox"/> Prefer not to say</div>
What is your Religion or Belief? (Please select one option)	
<div><input type="checkbox"/> No religion</div> <div><input type="checkbox"/> Buddhist</div> <div><input type="checkbox"/> Christian</div> <div><input type="checkbox"/> Hindu</div> <div><input type="checkbox"/> Jewish</div>	<div><input type="checkbox"/> Muslim</div> <div><input type="checkbox"/> Sikh</div> <div><input type="checkbox"/> Any other religion or belief</div> <div><input type="checkbox"/> Prefer not to say</div>
Which of the following best describes your sexual orientation? (Please select one option)	
<div><input type="checkbox"/> Bisexual</div> <div><input type="checkbox"/> Gay or lesbian</div> <div><input type="checkbox"/> Heterosexual or straight</div> <div><input type="checkbox"/> Other sexual orientation</div> <div><input type="checkbox"/> Prefer not to say</div>	
Is the gender you identify with the same as your sex registered at birth? (Please select one option)	
<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Prefer not to say</div>	

Section 7 – Student Support Needs

The College aims to provide appropriate resources, access to facilities and services to enable students to succeed in their chosen course of study.

<p><b>Do you have an impairment, health condition, or learning difference that substantially impacts your ability to carry out day-to-day activities and has lasted, or is expected to last, at least 12 months?</b></p> <p><input type="checkbox"/> No known impairment, health condition or learning difference</p> <p><input type="checkbox"/> Learning difference such as dyslexia, dyspraxia or AD(H)D</p> <p><input type="checkbox"/> Social/communication conditions such as a speech and language impairment or an autistic spectrum condition</p> <p><input type="checkbox"/> Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</p> <p><input type="checkbox"/> Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety</p> <p><input type="checkbox"/> Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying).</p> <p><input type="checkbox"/> D/deaf or have a hearing impairment</p> <p><input type="checkbox"/> Blind or have a visual impairment uncorrected by glasses</p> <p><input type="checkbox"/> Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language</p> <p><input type="checkbox"/> An impairment, health condition or learning difference not listed above</p> <p><input type="checkbox"/> Prefer not to say</p>
<p>Please briefly indicate the support you require to assist you in your learning if you have indicated support need(s) above.</p>
<p>Are you in receipt of Disabled Students' Allowance (DSA): Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there any other information you wish to share with us regarding your health that may be important to declare for health and safety reasons? For example, long-term medications.</p> <p>(If yes, please specify below)</p>

Section 8 – Personal Statement (This section is mandatory)

<p>Please attach a personal statement that sets out your reasons for applying for the course. The statement should include your reasons for choosing Empire College London, reasons for your chosen course and what you hope to do in your future career and how the course is relevant to your plans. The statement must be written entirely in your own words; any text found not to be your own may result in your application being refused.</p>
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Section 9 - Checklist

<b>Please send scanned copies of the following documents to <a href="mailto:admissions@ecl.ac">admissions@ecl.ac</a>:</b>	
(We will ask you to provide original documents at the time of enrolment only for verification)	
NB: The College is unable to return any copies of your supporting documents submitted as part of your application.	
<input type="checkbox"/>	Copies/originals of all academic documentation, including transcripts, certificates, etc. (a certified translation is required if documents are not in the English Language)
<input type="checkbox"/>	Personal Statement
<input type="checkbox"/>	One recent passport-size photograph
<input type="checkbox"/>	Valid passport (International Students must also provide their Biometric Resident Card or Visa)
<input type="checkbox"/>	Recent proof of address such as a utility bill, bank statement, etc. (It must be no more than three months old and show your name and current address)
<input type="checkbox"/>	Evidence of your English Language proficiency (if applicable)
<input type="checkbox"/>	Work experience documents (if applicable)
<input type="checkbox"/>	CV (if applicable)

Section 10 – Marketing

<b>How did you hear about Empire College London?</b> (You may tick more than one box)	
Direct contact <input type="checkbox"/>	Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/>
Referred by Friend or relative <input type="checkbox"/> (Please specify): _____	
Marketing activity <input type="checkbox"/> (Please specify): _____ Other <input type="checkbox"/> (Please specify) _____	

<b>Declaration</b>
<p>I confirm that the information given on this form is true, complete, and accurate, and no information requested or other material information has been omitted. Any statements on this form that prove to be untrue or purposely misleading will result in the application being void. Any inaccuracies highlighted at a later stage, the College has the right to retract any offer made or exclude the student without refund of fees.</p> <p>I give my consent to the processing of my data by the College under the Provision of Data Protection Law.</p> <p>I confirm that I have read and understood:</p> <ul style="list-style-type: none"><li>• Terms and Conditions</li><li>• Admission Policy and Procedures</li><li>• Attendance Policy</li><li>• Refund and Compensation Policy</li><li>• Data Protection Policy</li></ul>

- Complaints Policy

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions for Online Digital Submission:**

1. Save the form to your computer before completing it.
2. We suggest that you first download the PDF form to your computer or network drive and then open it with Adobe Acrobat Reader (You can download Adobe Acrobat Reader at <https://get.adobe.com/uk/reader/>) and fill it. You can either type information directly into each field or copy or paste the text. The font is preselected and cannot be changed. You can only type regular text (upper and lower cases); the system will not accept underlined text, bold or italics, script or formulas, curved or slanted apostrophes, double quotation marks or long dashes.
3. You can save your data and re-open the file later to modify or enter additional information.
4. Send this form to [admissions@ecl.ac](mailto:admissions@ecl.ac) (For London Campus) or [admissions.bham@ecl.ac](mailto:admissions.bham@ecl.ac) (For Birmingham Campus) with all required documents copies.

**For further information regarding your admission or related enquiries, please contact the admissions team via the following.**

**Empire College London - Ilford Campus**

Forest House 16-20 Clements Road  
Ilford, Essex, IG1 1BA

Web: [www.ecl.ac](http://www.ecl.ac)

E-mail: [admissions@ecl.ac](mailto:admissions@ecl.ac)

Phone: +44(0)208 553 2683

**Empire College London - Birmingham Campus:**

City Gate, 25 Moat Lane, Digbeth  
Birmingham, B5 5BD

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