

Received on	
Person ID	
Registration number	
CREBO code	
K code	
Transfer portfolio received on	

Registration form vocational courses

How to complete this form

General

Do not forget to complete the reverse side. Please put an x in the pink boxes. Write your details on the lines.

Don't forget!

1) Transfer portfolio (summacollege.nl).

2) A copy of your ID (passport, identity card, residence document), which will still be valid at the start of your study.
Your registration will only be processed if you send a copy of an ID. Don't forget to copy both sides of your identity card or residence document.

1. Personal details student examinee^{a1}

Last name _____ Maiden name (if applicable) _____

Given name _____ male female

First names (in full) _____

Date of birth (dd mm yyyy) | | | | | | | | | | | | | | | | | | | | | | Place of birth _____

Home address _____

Postcode | | | | | | | | | | | | | | | | | | | | | | City _____

Resident in the Netherlands since (dd mm yyyy) | | | | | | | | | | | | | | | | | | | | | | Language spoken at home _____

Phone (home) | | | | | | | | | | | | | | | | | | | | | | Phone (mobile) | | | | | | | | | | | | | | | | | | | | | |

Email address _____

Citizen service number | | | | | | | | | | | | | | | | | | | | | |

Are there any personal limitations or special circumstances we need to take into account? yes no

If yes, do you have a medical report / needs assessment? yes no

Is an Individual Pupil Funding Scheme applicable? yes no

Would you like to receive additional support? yes no

Would you like to apply for Summa Top Sport Regulations? yes no

2. Personal details of parents / guardians (to be completed only if you are under 23)

Last name and initials _____ male female

Home address _____

Postcode | | | | | | | | | | | | | | | | | | | | | | City _____

Phone (home) | | | | | | | | | | | | | | | | | | | | | | Phone (mobile) | | | | | | | | | | | | | | | | | | | | | |

Email address _____

Do your parents / guardians support your choice of education? yes no not sure

a1] Please indicate whether you wish to be registered as a student (attending classes + taking exams) or as an examinee (only taking exams).

b] Indicate the school of your choice.

c] Indicate the course you wish to attend, for example, 'Baker' or 'Administrative Assistant'. You do not need to fill in the name of the school. For more information about the courses, go to summacollege.nl (kies scholen).

3. School^{b1}

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Facilities | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Technology & Electrical Engineering |
| <input type="checkbox"/> Beauty & Personal Hygiene | <input type="checkbox"/> Fashion | <input type="checkbox"/> Pastry & Baking | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Performer | <input type="checkbox"/> Transport & Logistics |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Hotel & Catering Industry | <input type="checkbox"/> Process Technology | <input type="checkbox"/> Welfare |
| <input type="checkbox"/> Construction & Infrastructure | <input type="checkbox"/> ICT | <input type="checkbox"/> Security | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Interior & Design | <input type="checkbox"/> Sports | |

4. Course chosen^{c1}

Title of course _____

Starting date: month | | | | | | | | | | | | | | | | | | | | | | year | | | | | | | | | | | | | | | | |

Training pathway: BOL (learning and internship) full-time parttime BBL (working and learning)

Level: level 1 level 2 level 3 level 4

Enrolment in: year 1 year 2 year 3 year 4

Don't forget to complete the reverse side

**How to complete
this form**

d] State what form(s) of previous education you attended after elementary school. You need only complete the lines of the education types you have attended. If your education is not listed, use 'Other...' If you already have a diploma, send a copy along with your registration.

e] Write down your exam subjects.

f] To be completed only if you are currently attending school.

g] To be completed only if you are currently working at a training company. If you do not have a training company, you can send in the details later.

For information about how to submit the transfer portfolio, see summacollege.nl

Sign the registration form and send it along with your transfer portfolio, as well as a copy of a valid passport / identity card to the school of your choice (see 3): PO BOX 6101, 5600 HC Eindhoven.

5. Pre-education after primary education - Secondary education ^{d]}

	Up to what grade	Year started	Year ended	Sector / profile	Diploma	Diploma yet to be attained (year)
<input type="checkbox"/> practical education					<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> HAVO higher general secondary education					<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> VWO pre-university education					<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> VMBO pre-vocational secondary education					<input type="checkbox"/> yes <input type="checkbox"/> no	
Programme <input type="checkbox"/> advanced vocational <input type="checkbox"/> basic vocational <input type="checkbox"/> combined <input type="checkbox"/> theoretical <input type="checkbox"/> practical education						
Department programme/intersectoral programme						
Special needs classes <input type="checkbox"/> yes <input type="checkbox"/> no		Learning/working pathway		<input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Other	Up to what grade	Year started	Year ended	Level	Diploma <input type="checkbox"/> yes <input type="checkbox"/> no	

Exam subjects ^{e]}

Subjects

Other courses attended after secondary education

Title of course

	Up to what grade	Year started	Year ended	Level	Diploma
<input type="checkbox"/> school-based pathway (BOL)					<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> training-on-the-job pathway (BBL)					<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> associate degree (HBO)					<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> other					<input type="checkbox"/> yes <input type="checkbox"/> no

6. General details of your current school ^{f]}

Name of school Phone

Address

Postcode City

Name of mentor Phone (mobile)

Email address

Does your counsellor agree with your chosen course? yes no not sure

7. Details in case of enrolment for training-on-the-job pathway (BBL) ^{g]}

Name of business/organisation Name of contact

Address

Postcode City

PO Box Postcode City

8. Signature

The undersigned declare(s) all the information provided on this form to be accurate and to give Summa permission for information about the student's progress to be shared with the supplying school.

City Date (dd mm yyyy)

Student's signature Signature of parent/guardian (if student is younger than 18)