

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!

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^{a)}

Last name		Maiden name (if applicable)	
Given name		<input type="checkbox"/> male <input type="checkbox"/> 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?		<input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, do you have a medical report / needs assessment?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Is an Individual Pupil Funding Scheme applicable?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Would you like to receive additional support?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Would you like to apply for Summa Top Sport Regulations?		<input type="checkbox"/> yes <input type="checkbox"/> no	

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

Last name and initials		<input type="checkbox"/> male <input type="checkbox"/> female	
Home address			
Postcode		City	
Phone (home)		Phone (mobile)	
Email address			
Do your parents / guardians support your choice of education?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure	

3. School^{b)}

- | | | | |
|--|--|---|--|
| <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^{c)}

Title of course			
Starting date:	month	year	
Training pathway:	<input type="checkbox"/> BOL (learning and internship)	<input type="checkbox"/> full-time	<input type="checkbox"/> parttime <input type="checkbox"/> BBL (working and learning)
Level:	<input type="checkbox"/> level 1	<input type="checkbox"/> level 2	<input type="checkbox"/> level 3 <input type="checkbox"/> level 4
Enrolment in:	<input type="checkbox"/> year 1	<input type="checkbox"/> year 2	<input type="checkbox"/> year 3 <input type="checkbox"/> year 4

a) 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).

Don't forget to complete the reverse side

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.

5. Pre-education after primary education - Secondary education ^{d1}

	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 <i>higher general secondary education</i>					<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> VWO <i>pre-university education</i>					<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> VMBO <i>pre-vocational secondary education</i>					<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	

e] Write down your exam subjects.

Exam subjects ^{e1}

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

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

6. General details of your current school ^{f1}

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

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.

7. Details in case of enrolment for training-on-the-job pathway (BBL) ^{g1}

Name of business/organisation Name of contact

Address

Postcode City

PO Box Postcode City

How to complete this form

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

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)