

# PART TIME HIGHER EDUCATION APPLICATION FORM 2010



Please complete in BLOCK CAPITALS and BLACK INK

Surname <input type="text"/>	DOB <input type="text"/>
First Name <input type="text"/>	Age on 1st Sept 09 <input type="text"/>
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address <input type="text"/> <input type="text"/> <input type="text"/>	Previous surname/family name <input type="text"/>
<input type="text"/> Postcode <input type="text"/>	National Insurance Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Tel No. <input type="text"/>	Address for correspondence (if different from Home) <input type="text"/>
Mobile Tel No. <input type="text"/>	<input type="text"/>
Email Address. <input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Please enter the name(s) of the course(s) you are interested in studying: <input type="text"/> <input type="text"/>	

Have you been continually resident in the EU since 1st September 2006? Yes  No

If NO, please give

Date of entry to the UK

Date of first entry to live in the UK

Area of permanent residence

Area where you normally live

Residential category

Country of Birth

Which Ethnic Group do you belong to: (please tick)

Bangladeshi (11) <input type="checkbox"/>	Indian (12) <input type="checkbox"/>	Pakistani (13) <input type="checkbox"/>
Any other Asian Background (14) <input type="checkbox"/>	African (15) <input type="checkbox"/>	Caribbean (16) <input type="checkbox"/>
Any other Black Background (17) <input type="checkbox"/>	Chinese (18) <input type="checkbox"/>	Mixed - White & Asian (19) <input type="checkbox"/>
Mixed - White & Black African (20) <input type="checkbox"/>	Mixed - White & Black Caribbean (21) <input type="checkbox"/>	Mixed - Any other Mixed Background (22) <input type="checkbox"/>
White - British (23) <input type="checkbox"/>	White - Irish (24) <input type="checkbox"/>	White - Any other White Background (25) <input type="checkbox"/>
Other (98) <input type="checkbox"/>	Not Known/Not Provided (99) <input type="checkbox"/>	

Student Registration Number for vocational qualification or Scottish Candidate Number:

Schools/Colleges attended since the age of 11, in date order

School/College Name & Address	Type (Comprehensive/Independent etc)	Date From	Date To	Full/PT Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications completed or pending (please state which)

Examining Body	Subject/Unit/Module/Component	Level/Qualification	Result/Grade/Mark/Band
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Support for Learning

Do you have a medical condition, learning difficulty or disability that may affect your studies? If so, what do you require extra help with? (please tick)

Writing

Study Skills

Spelling

Numeracy

Medical Conditions

Other Specific Learning Difficulties

*Yeovil College welcomes the DDA (part 4) and we want to help you get the very best experience from your course. We will offer opportunities prior to enrolment for you to disclose and discuss (in private) your individual support needs. (If you fail to disclose information at this stage it may delay provision of relevant on-course support).*

Details of paid employment to date

Employers Name & Address	Your Position & Nature of Work	Date From	Date To	Full/PT Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state name, address and contact number of sponsors who are paying your fees if different to yourself

Reasons for wanting to study the course

Signed

Date

Notes for interviewer:

## Data Protection Statement 2009/2010

Data Protection Act 1998 - The information you provide will be passed to the Learning and Skills Council (LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance and statistical and research purposes. Other organisations with which we will share information include, the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC of its partners. The LSC is also a co-financing organisations and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources. Further information about partner organisations and what they do, may be found at [www.lsc.gov.uk/National/Partners/Data/Help](http://www.lsc.gov.uk/National/Partners/Data/Help) and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

- Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education and training which you receive and will use these to help bring about improvements for learners in England.
- The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.

The aim of the admissions process is to select students who have the ability and motivation to benefit from the programmes they intend to follow and who will make a contribution to the life of the college. The process takes place within the context of the College's Equal Opportunities policy which expresses the College's commitment to a comprehensive policy of equal opportunities for students in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within the College. The aim of the policy is to ensure that no prospective student or enrolled student should receive less favourable treatment on any grounds which are not relevant to academic ability or attainment. It is however, important that these aims are achieved without prejudice to the safety and well being of other members of the college community. You are asked to state whether or not you have any criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act, this excludes motoring offences for which a fine and/or three penalty points were imposed. Under the terms of the Act, sentences of 30 months imprisonment or more are never spent, whereas those of lesser duration do not have to be declared once spent. Please tick either Yes or No box below to indicate your situation. If any of the information on the application form changes after you have applied (if, for instance, you are convicted of a criminal offence), you are under duty to disclose this information to the College.

**Do you have any unspent criminal convictions? (see above)**                      Yes                       No

I confirm that whether submitting this application form electronically or on paper, the information given in my application form is true, complete and accurate and that no information requested or other material information has been omitted. I undertake to be bound by all rules and bye-laws of the College. I accept that, if I do not comply with these requirements the College may cancel my application and any subsequent offer and I shall have no claim against the College in relation thereto. Applications submitted by email are deemed to have accepted the terms of the declaration given above.

**I confirm that I have received advice and guidance from the College about the courses I have enrolled on and I understand that I can seek further guidance at a later date from the College staff.**

**RETURN ADDRESS:** Shirley Homa, University Centre Yeovil, 91 Preston Road, Yeovil, Somerset, BA20 2DN

### For Office use only

Code/Session Code:

Course Manager accepts onto course and signs box below for Advice and Guidance given.

CM Name:

Date:

### For Admission use only

Date Enrolled Staff

Fee Paid £

Instalments Yes No

Student ID