

**2009/2010 PART-TIME HE COURSE APPLICATION FORM**

Applicants should supply relevant information on BOTH sides of this form.

**HE****SPARSHOLT**  
COLLEGE HAMPSHIRE**FULL NAME, NATIONALITY, DATE OF BIRTH & COUNTRY OF RESIDENCE ARE ESSENTIAL FOR OUR RECORDS (Please complete in BLOCK CAPITALS)****Please indicate which year you plan to start your course** Sept. 2009  Sept. 2010 **SURNAME:** \_\_\_\_\_ Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_**FORENAMES:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_**National Insurance Number:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_**Country of Residence** (for last 3 years): \_\_\_\_\_ If less than 3 years please advise date of entry to UK: \_\_\_\_\_**Permanent Address:** \_\_\_\_\_

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

Tel. No. - Home: \_\_\_\_\_ Work/mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Ethnic Origin:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi (11) | <input type="checkbox"/> Asian or Asian British - Indian (12)  | <input type="checkbox"/> Asian or Asian British - Pakistani (13) |
| <input type="checkbox"/> Asian or Asian British - Asian other (14) | <input type="checkbox"/> Black or Black British - African (15) | <input type="checkbox"/> Black or Black British - Caribbean (16) |
| <input type="checkbox"/> Black or Black British - Black other (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 - Mixed other (22)                |
| <input type="checkbox"/> White - British (23)                      | <input type="checkbox"/> White - Irish (24)                    | <input type="checkbox"/> White - White other (25)                |
| <input type="checkbox"/> any other (98)                            | <input type="checkbox"/> Not Known/not provided (99)           |  |

**Do you have a disability and/or medical condition?** Yes  No  **If 'yes' please indicate:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> visual impairment (01)(excluding glasses) | <input type="checkbox"/> hearing impairment (02)  | <input type="checkbox"/> disability affecting mobility (03)      |
| <input type="checkbox"/> other physical disability*(04)            | <input type="checkbox"/> other medical condition* (05)<br>(e.g. epilepsy, asthma, diabetes)       | <input type="checkbox"/> emotional/behavioural difficulties (06) |
| <input type="checkbox"/> mental ill health (07)                    | <input type="checkbox"/> temporary disability after illness (08)<br>(e.g. post viral) or accident | <input type="checkbox"/> profound/complex disabilities* (09)     |
| <input type="checkbox"/> multiple disabilities* (90)               | <input type="checkbox"/> other* (97)  |  |

\* Please tick box and provide further details: \_\_\_\_\_

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user):  
\_\_\_\_\_**Do you have a learning difficulty?** Yes  No  **If 'yes' please indicate:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> moderate learning difficulty (01) | <input type="checkbox"/> severe learning difficulty (02)         | <input type="checkbox"/> dyslexia (10)                       |
| <input type="checkbox"/> dyscalculia (11)                  | <input type="checkbox"/> other specific learning difficulty (19) | <input type="checkbox"/> multiple learning difficulties (90) |
| <input type="checkbox"/> other (97)                        |  |  |

If you need advice or guidance regarding disability or learning difficulty, please contact the Additional Learning Support Manager on: 01962 797211

**Please indicate where you first heard of Sparsholt College:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Exhibition / Show  | <input type="checkbox"/> 2. Local Radio           | <input type="checkbox"/> 3. School visit     |
| <input type="checkbox"/> 4. Career office  | <input type="checkbox"/> 5. Careers event / talk  | <input type="checkbox"/> 6. Contacts at home |
| <input type="checkbox"/> 7. Friends  | <input type="checkbox"/> 8. Work experience       | <input type="checkbox"/> 9. Industry contact |
| <input type="checkbox"/> 10. Sparsholt Open Day  | <input type="checkbox"/> 11. Newspaper / Magazine | <input type="checkbox"/> 12. Previous course |
| <input type="checkbox"/> 13. Web site  | <input type="checkbox"/> Other - Please specify   |  |
| <input type="checkbox"/> I do not wish to receive information from Sparsholt College unless it is directly associated with courses relevant to my programme of study |   |  |
| <input type="checkbox"/> I do not wish to be contacted by organisations other than Sparsholt College   |   |  |

COURSE DETAILS: Please use this form for **HE** courses only; NOT Further Education or Short Courses.**Course applying for:** \_\_\_\_\_**FOR OFFICE USE ONLY:** INTERVIEW DATE: \_\_\_\_\_If you believe that your previous qualifications and experience could provide credit towards the programme you have applied for please tick

**Last educational establishment attended:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Educational qualifications** (please give as much information as possible including any qualifications for which results are not yet known):

Awarding Body e.g. BTEC, City & Guilds	Type/level e.g. GCSE, A level	SUBJECT	Grade (or predicted grade)	Date Awarded (month/year)

Relevant Professional Experience / Information:


**Referees** - Please give **2 x full names and addresses** as references may be requested.  
We require your current or recent employer/work provider plus one other personal referee.

Name of Employer/Work Provider/Personal Referee	Name of Employer/Work Provider/Personal Referee
Name of referee if different	Name of referee if different
Address	Address
Post code	Post code
Occupation	Occupation
OFFICE USE ONLY <i>sent:</i> <input type="checkbox"/>	<i>sent:</i> <input type="checkbox"/>

**Declaration:**  
I certify that the information provided on this form is correct and I hereby apply for admission to Sparsholt College Hampshire.

Signed \_\_\_\_\_ (Student) Date \_\_\_\_\_

When complete please forward to: Part-time Courses, Registry, Sparsholt College Hampshire, Winchester, SO21 2NF  
Tel: 01962 797213 email: courses@sparsholt.ac.uk