

2010/2011 FULL-TIME COURSE APPLICATION FORM

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

FULL NAME, NATIONALITY, DATE OF BIRTH & COUNTRY OF RESIDENCE ARE ESSENTIAL FOR OUR RECORDS (Please complete in BLOCK CAPITALS)

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: _____ Own mobile: _____ email: _____

Next of kin / Emergency contact: Name: _____ Relationship: _____

Tel No. - Home: _____ Work / Mobile: _____ email: _____

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)
(e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> emotional/behavioral difficulties (06) |
| <input type="checkbox"/> mental ill health (07) | <input type="checkbox"/> temporary disability after illness (08)
(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 Learning Manager for additional learning support 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 | |
- I do not wish to receive information from Sparsholt College unless it is directly associated with courses relevant to my programme of study
 I do not wish to be contacted by organisations other than Sparsholt College

Course applying for: _____

Subject to College accommodation allocation policy please can you indicate whether or not you are planning to apply for halls accommodation on campus

Yes/No

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

