

2009/2010 FE PART-TIME AND SHORT COURSE APPLICATION FORM

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

SPARSHOLT
COLLEGE HARRISHTRE

ANDOVER COLLEGE
prepared for life



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: _____ 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)
(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)
(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: Sparsholt 01962 797211 Andover 01264 360065

Please indicate where you first heard of the 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. College Open Day / Evening | <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 the 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 the College

Please indicate your highest level of qualification:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> NVQ level 1 (01)
GCSE/O Level
(grades D-G) | <input type="checkbox"/> NVQ Level 2 (02)
5 + GCSEs/O Levels
(grades A*-C)
First Diploma
C&G National Certificate | <input type="checkbox"/> NVQ Level 3 (03)
A levels/AS Levels
BTEC Nationals
C&G Advanced National
Certificate | <input type="checkbox"/> NVQ Level 4 (04)
First Degree
BTEC HNC/D | <input type="checkbox"/> NVQ Level 5 (05)
Higher Degree |
| <input type="checkbox"/> No qualification (99) | <input type="checkbox"/> Not known/provided (98) | <input type="checkbox"/> Other (please state) (97) | | |

Date achieved _____

