

2010/2011 FE PART-TIME AND SHORT 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: _____ 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 _____

COURSE DETAILS: Please use this form for Further Education and Short Courses only; **Not HE courses.**

Course Title:	Campus (Sparsholt / Andover)	Course Code:	Start Date:	Fee:
<input type="checkbox"/> Tick box if requesting fee remission for tuition fees - only available for courses marked ② or ③ Please apply to Admissions for form SR34			Exam or Registration Fees:	
			Course Materials:	
			Total Paid:	

Relevant Professional Experience: _____

Payment Details - Only complete this section if your employer is to be invoiced.

Employer Name _____
Address _____

Post code _____ Telephone: _____
Employer's signature _____ Position in Company: _____

For all other payment methods please complete the Course Payment Instructions.

Learning agreement information and advice:

Information and advice should satisfy you in the following key areas:

- The implications of doing your course
- The entry requirements for doing your course
- A check to see if you had any previous experience or qualifications that could be counted towards your course
- A check to see whether you require any additional support (practical, tutor or financial)
- A check to see that the course is suitable for your requirements

By signing this form you agree to the following:

- I certify that the information provided on this form is correct
- I have read and fully understand the booking conditions
- The recording and processing of personal data as outlined in the College Data Protection policy
- I agree to abide by the college rules & regulations and pay all fees due
- The information & advice I received adequately covered the broad areas set out above.

Signed _____ (Student) Date _____

When complete please forward to:

For courses at Sparsholt Part-time Courses, Admissions, Sparsholt College Hampshire, Winchester, SO21 2NF
Tel: 01962 797484/797213 email: courses@sparsholt.ac.uk

For courses at Andover Part-time Courses, Admissions, Andover College, Charlton Road, Andover SP10 1EJ
Tel: 01264 360022 email: courses@andovercollege.ac.uk



DATA PROTECTION ACT: This symbol tells you that information you provide is being collected and used by the College and certain other bodies. More information is available in the College Prospectus and from the Admissions Office

OFFICE USE ONLY

Student ID number:
Course title:



2010 / 2011 FE Part-time Course Payment Instructions

Student Name: _____

Payment Method

<input type="checkbox"/> Course fees	<input type="checkbox"/> Registration / Exam Fees	<input type="checkbox"/> Other Fees	Total:
£ _____	£ _____	£ _____	£ _____

Payment Options (please tick the appropriate method of payment)

- Immediate payment** - In full by cheque (cheques payable to Sparsholt College) or debit/ credit card.
(Please provide card details overleaf)
Please note that short courses i.e. of less than 10 days duration must be paid in full at the time of application.
- Instalment Plan - (Only available for courses marked I)**
Total course fees – Up to £500.00, payment by four instalments. 25% payable on enrolment by cheque or debit/credit card, followed by three equal monthly direct debit or debit/credit card.
(Please complete card details below or direct debit mandate overleaf)
- Total course fees** – Over £500.00, payment by ten instalments. 10% payable on enrolment by cheque or debit/credit card, followed by nine equal monthly direct debit or debit/credit card.
(Please complete card details below or direct debit mandate overleaf)

A payment plan must be set up prior to the start of the course.
All fees remain payable should you decide to withdraw from the course.

Name: _____ Signature: _____

Date: _____

OFFICE USE ONLY

Direct Debit Checklist		
	Date	✓
Mandate Checked		
First Payment		
Entered On Spreadsheet		
Category Amended		
Mandate Entered On QLX		
AuddIs File Created		
Letter Produced		



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Sparsholt College Hampshire
 Sparsholt
 Winchester
 Hampshire
 SO21 2NF

Originators Identification Number

6	8	9	1	8	9
---	---	---	---	---	---

Reference Number

--	--	--	--	--	--	--	--

Name(s) of Account Holder(s)

Branch Sort Code

--	--	--	--	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Sparsholt College Hampshire Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Sparsholt College Hampshire and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

--

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Sparsholt College Hampshire will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Sparsholt College Hampshire or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Payment by Debit / Credit Card

Name of Cardholder (CAPITAL letters please):

Card Number:

Expiry date: Valid from Security No. Issue No.
MM/YY (last 3 digits on reverse): (Switch only):

Signature of Cardholder: _____ Date: _____