

SURNAME _____ TITLE (Mr/Mrs/Miss/Ms) _____

FORENAMES _____ DATE OF BIRTH _____

Permanent Address

Postcode _____

Nationality _____ Country of Residence (for last 3 years) _____

If in UK less than 3 years please state date of entry _____

National Insurance Number _____

Home No _____ Work No _____ Mob No _____

Email Address _____

Emergency contact name and number _____

(Please only include the name and number of someone who has agreed to you giving us their details and who understands we will hold and only use that information in the event of an emergency during your time on the course)

Ethnic Origins:

- | | | |
|---|---|--|
| <p>White</p> <p><input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any Other White Background</p> | <p>Asian / Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p> | <p>Other ethnic group</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group</p> |
| <p>Mixed / Multiple ethnic groups</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed / multiple ethnic background</p> | <p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black / African / Caribbean background</p> | |

Do you have a disability, health problem or learning difficulty? Yes No

(If YES please tick all that apply to you – if you have ticked more than one please **circle** the one that you think has the most impact on your learning)

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other medical condition |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | (eg epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Speech, language and communication needs | |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other disability: _____ | |

* Please tick box and provide further details: _____

If you have an EHCP (Education Health Care Plan) please tick the box

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user)

Please indicate your highest FULL level of qualification:

Examples of FULL level qualifications are indicated below – for further information/detailed list go to this page on our website: <https://www.sparsholt.ac.uk/information/apply/>

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> NVQ Level 1
GCSE/O Level
(grades D-G) | <input type="checkbox"/> NVQ Level 2
5 + GCSEs/O Levels
(grades A*-C)
First Diploma
C&G National Certificate | <input type="checkbox"/> NVQ Level 3
A Levels/AS Levels
BTEC Nationals
C&G Advanced National
Certificate | <input type="checkbox"/> NVQ Level 4
BTEC HNC | <input type="checkbox"/> NVQ Level 5
BTEC HND
Foundation Degree |
| <input type="checkbox"/> Level 6
First Degree | <input type="checkbox"/> Level 7
PGCE, MA, PhD
Other postgraduate qualification | <input type="checkbox"/> No qualification | <input type="checkbox"/> Other (please state) _____ | |

Employment status prior to starting the course:

Please tick the employment status that applies to you and then tick number of hours worked and number of months employed for.		✓ (tick)
Paid Employment		
Self Employed		
Hours	0-10 hours per week	
	11-20 hours per week	
	21-30 hours per week	
	31+ hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	

Not in Paid Employment (please tick looking or not looking for work and how long you have been unemployed)		✓ (tick)
Looking for work and available to start work		
Not looking for work and/or not available to start work		
How long?	Less than 6 months	
	6-11 months	
	12-23 months	
	24-35 months	
	36 months or more	

Employer Name: _____

Address: _____

Postcode: _____

Just before you start your course at Sparsholt College, will you have been in full-time education or training?

 Yes No

Are you studying any other courses at another College/Educational establishment whilst you are planning to study at Sparsholt?

 Yes No

If YES, please give details of the course and College: _____

Household Situation:

If you are over 19 years old or on an apprenticeship or traineeship programme the government has requested that all colleges collect some information about your household situation. Please tick as appropriate.

If you do not tick one of the boxes below we will not be able to process your course application form.**Note that more than one may apply. (Adult means 18 or over. Dependent child means under 18 or 18-24 full-time student/not working)**

- No household member (including me) is in employment and the household includes one or more dependent children
- No household member (including me) is in employment and the household does not include any dependent children
- I live in a single adult household with dependent children
- Prefer not to say
- None of these statements apply

Do you have any unspent criminal convictions? Yes No If 'yes' please give more details:

The College is keen to support students to help them succeed and having a criminal conviction will not necessarily prevent you from enrolling on one of our courses. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- No religion Christian (all denominations) Buddhist Hindu Jewish
- Muslim Sikh Any other religion: _____

Sexual Orientation: (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- Heterosexual Lesbian/Gay Bisexual Other Prefer not to say

Please indicate where you first heard of the College:

- Taster Day Word of Mouth Outdoor Banner
- School Event Twitter / Facebook Radio
- Careers Fair Google Advert Newspaper
- Teacher / School Bus Advert Train Station
- Careers Adviser Other - Please specify: _____

COURSE DETAILS:

Course Title	Course Code	Start Date	End Date	Fee
Total Paid				

Data Privacy Notice

To find out how your personal information is used, please refer to the full version of the Privacy Notice available on our website at www.sparsholt.ac.uk. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. You can agree to be contacted for other purposes by ticking any of the following boxes on either your application/enrolment or learning agreement form if you wish to be contacted:

- about courses or learning opportunities for surveys and research

If you have ticked one or both of the boxes above, please now tick to confirm your preferred method(s) of contact:

- by post by phone (including text messages) by email

We may wish to communicate with you directly once you have completed your programme of learning if we have opportunities that we think may interest you, if you'd like to be contacted please tick any of the boxes below.

I wish to be contacted by the College:

- about courses or learning opportunities for surveys and research

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 and Privacy Notice both available on our website at www.sparsholt.ac.uk
- I agree to abide by the College rules and regulations and pay all fees due
- The information and advice I received adequately covered the broad areas set out under Learning Agreement information and advice

Please sign declaration overleaf

Declaration

I confirm that all the information on this form is correct.

Signed (Student) _____ Date: _____

Signed (College) _____ Date: _____

When complete please forward to: Apprenticeships, Sparsholt College, Westley Ln, Sparsholt, Winchester, Hants SO21 2NF

Tel : 01962 797437 Email: apprenticeships@sparsholt.ac.uk

PLEASE NOTE THIS FORM IS CORRECT AT THE TIME OF GOING TO PRINT BUT IS DEPENDENT ON GOVERNMENT LEGISLATION AND IS SUBJECT TO CHANGE.

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