

Please indicate which year you plan to start your course **Sept. 2019** **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 state date of entry to UK: _____**Permanent Address:** _____

_____ Post Code: _____

Tel. No. Home: _____ Work/mobile: _____ Email: _____

Emergency Contact Name: _____ Telephone: _____

(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)

White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any Other White Background

Asian / Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Mixed / Multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean background

Other ethnic group

- Arab
 Any other ethnic group

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
(e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | |
| <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: _____

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

Please indicate where you first heard of University Centre Sparsholt:

- | | | |
|--|---|---|
| <input type="checkbox"/> Exhibition / Show | <input type="checkbox"/> Local Radio | <input type="checkbox"/> School visit |
| <input type="checkbox"/> Career office | <input type="checkbox"/> Careers Fair | <input type="checkbox"/> Contacts at home |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Work Experience | <input type="checkbox"/> Industry contact |
| <input type="checkbox"/> Sparsholt Open Day | <input type="checkbox"/> Newspaper / Magazine | <input type="checkbox"/> Previous course |
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook/Twitter | <input type="checkbox"/> Outdoor banner |
| <input type="checkbox"/> Other - please specify: _____ | | |

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 taking up a place at University Centre Sparsholt. However failure to disclose a criminal conviction may jeopardise your place.

COURSE DETAILS: Please use this form for **MSc** courses only.

Course applying for: _____

Full-time Part-time

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 Institution	Type/level e.g. BSc, BA	Title	Grade (or predicted grade)	Date Awarded (month/year)

Other relevant qualifications:

Personal Statement: please attach your personal statement to this application (max. 500 words).

Academic Referees - Please give **2 x full names and addresses**

Name	Name
Email address	Email address
Institution	Institution
Address	Address
Post code	Post code
Occupation	Occupation

OFFICE USE ONLY *sent:* _____ *received* *sent:* _____ *received*

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

Declaration:

I certify that the information provided on this form is correct and I hereby apply for admission to University Centre Sparsholt.

Signed _____ (Student) Date _____

When complete please forward to:

MSc Courses, Admissions, Sparsholt College Hampshire, Winchester, SO21 2NF | Tel: 01962 797269 | email: courses@sparsholt.ac.uk



DATA PROTECTION ACT: See Data Privacy Notice above. More information is available on the College website.