



2020/2021 PART-TIME HE COURSE APPLICATION FORM

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

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



Please indicate which year you plan to start your course **Sept. 2020**

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.

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:

Admissions, Sparsholt College, Hampshire, Winchester, S021 2NF



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