



2016/2017 PART-TIME HE COURSE APPLICATION FORM

Applicants should supply relevant information on BOTH 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. 2016** **Sept. 2017**

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: _____

White

- 31. English / Welsh / Scottish / Northern Irish / British
- 32. Irish
- 33. Gypsy or Irish Traveller
- 34 Any Other White Background

Asian / Asian British

- 39. Indian
- 40. Pakistani
- 41. Bangladeshi
- 42. Chinese
- 43 Any other Asian background

Mixed / Multiple ethnic groups

- 35. White and Black Caribbean
- 36. White and Black African
- 37. White and Asian
- 38 Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

- 44. African
- 45. Caribbean
- 46 Any other Black / African / Caribbean background

Other ethnic group

- 47. Arab
- 98 Any other ethnic group

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

(If YES please tick all that apply **and circle the main one** that applies to you)

- | | | |
|---|--|---|
| <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
(eg 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"/> Aspergers Syndrome | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other disability: _____ |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Prefer not to say | |

* 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)

Would you like a member of the Learner Support Team to contact you? Yes No

Please indicate where you first heard of Sparsholt College:

- | | | |
|--|---|---|
| <input type="checkbox"/> Exhibition / Show (1) | <input type="checkbox"/> Local Radio (2) | <input type="checkbox"/> School visit (3) |
| <input type="checkbox"/> Career office (4) | <input type="checkbox"/> Careers event / talk (5) | <input type="checkbox"/> Contacts at home (6) |
| <input type="checkbox"/> Friends (7) | <input type="checkbox"/> Work experience (8) | <input type="checkbox"/> Industry contact (9) |
| <input type="checkbox"/> Sparsholt Open Day (10) | <input type="checkbox"/> Newspaper / Magazine (11) | <input type="checkbox"/> Previous course (12) |
| <input type="checkbox"/> Website (13) | <input type="checkbox"/> Other - Please specify _____ | |

I do not wish to receive information from Sparsholt 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 Sparsholt College

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

Course applying for: _____

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

