

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 _____ Unique Learner number _____

Home No _____ Work No _____ Mob No _____

Email Address _____

Emergency contact name and number _____

Ethnic Origin:

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

Other ethnic group

- Arab
- Any other ethnic group

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

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)

Please indicate your highest level of qualification:

- | | | | | |
|--|--|---|---|---|
| <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
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) _____ | |

Date achieved: _____

Do you have A*-C GCSE (or equivalent) in English **and** Maths? English Yes No Maths Yes No

Fees and Concessions:

Are you under 19 years old on 31st August 2015? Yes No (If Yes you do not need to complete this section)

State Benefits 1 (You must fill in NI Number and you will need to show evidence at enrolment if you are relying on them for a fee reduction)

- Job Seeker's Allowance (income or contribution based)
 Employment and Support Allowance (Work-Related Activity Group)
 Universal Credit and required to undertake skills training

NI Number:

Evidence: _____

Seen by: _____

Date: _____

State Benefits 1 Declaration

I am unemployed AND I am receiving the following state benefit(s) (please tick as required) and want to undertake training to enable me to gain skills to help me find work:

- Employment & Support Allowance (support group) Income Support Housing Benefit Working Tax Credit
 Other - Please specify: _____

Are you dependent on someone who receives one of the benefits listed above? Yes No

Are you an asylum seeker? Yes No

Is your total household income below £16,190? Yes No

If you are aged 19-23 studying for your first full level 2 or level 3 or for GCSE English or Mathematics grade C or higher, please delete as applicable:

I declare that I do not have a full level 2 qualification / a full level 3 qualification / GCSE English grade C or above / GCSE Maths grade C or above

Signed (Student) _____ Date: _____

Employment status prior to starting the course:

Paid Employment (please tick hours, employed for and if applicable self-employed)		✓ (tick)
Hours	Less than 16 per week	
	16 -19 hours per week	
	20 or more hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	
Self Employed		

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	

Just before you start your course at Sparsholt College, will you have been in full-time education or training? Yes No

Employer Name: _____

Address: _____ Postcode: _____

Household Situation:

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

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)

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

Sexual Orientation: (This question is voluntary)

- Heterosexual
 Lesbian/Gay
 Bisexual
 Other
 Prefer not to say

Please indicate yes or no if you are currently studying or intend on studying a qualification at another institute whilst enrolled on this course.

- Yes No

Please indicate where you first heard of the College:

- | | | |
|---|--|---|
| <input type="checkbox"/> Taster Day | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Outdoor Banner |
| <input type="checkbox"/> School Event | <input type="checkbox"/> Twitter / Facebook | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Careers Fair | <input type="checkbox"/> Google Advert | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Teacher / School | <input type="checkbox"/> Bus Advert | <input type="checkbox"/> Train Station |
| <input type="checkbox"/> Careers Adviser | <input type="checkbox"/> Other - Please specify: _____ | |

COURSE DETAILS:

Course Title	Course Code	Start Date	End Date	Fee
Total Paid				

Payment Method:

- I am paying my own fees (Please complete attached payment form) My employer is paying

Employer details - **Only complete this section if your employer is to be invoiced**

Employer Name: _____ Invoice Reference: _____

Address: _____

Postcode: _____ Telephone number: _____

Employers signature: _____ Position in the company: _____

To find out how your personal information is used please refer to our Privacy Policy available on our website at www.sparsholt.ac.uk. In addition, you may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training. You can opt out of contact for other purposes by ticking any of the following box(es) if you do not wish to be contacted:

- about courses or learning opportunities
 for surveys or research
 by post
 by phone (including text messages)
 by email

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 and regulations and pay all fees due
- The information and advice I received adequately covered the broad areas set out above

Signed (Student) _____ Date: _____

Signed (College) _____

When complete please forward to: Part-time Courses, Admissions, Sparsholt College, Westley Lane, Sparsholt, Hampshire, S021 2NF

• Tel: 01962 797213 • Email: courses@sparsholt.ac.uk



This activity is part-financed by the European Union.

**THIS IS A
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**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 accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Sparsholt College Hampshire will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Sparsholt College Hampshire to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Sparsholt College Hampshire or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Sparsholt College Hampshire asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Payment by Debit / Credit Card

Name of Cardholder (CAPITAL letters please):

Card Number:

Expiry date: MM/YY

Valid from MM/YY

Security No. (last 3 digits on reverse):

Issue No. (Switch only):

Signature of Cardholder: _____ Date: _____

OFFICE USE ONLY

Student ID number:	Amount paid £
Course title:	Start and end date of course:

2015/2016 Short Course and Part-time Training 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 one months duration must be paid in full at the time of application.
- Instalments Plan**

A payment plan must be set up prior to the start of the course.

Courses running for more than one month duration can be paid in instalments by splitting the cost into monthly payments for the duration of the course. A non-refundable deposit of 10% must be paid on application.

In the event that Sparsholt College has to cancel a course all fees paid will be refunded.**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		
Auddls File Created		
Letter Produced		