

# Taster Courses Application 2015/16 - NOT for Foundation Studies Programmes

Please complete BOTH sides of this form (Taster Day Selection form overleaf).

FULL NAME & DATE OF BIRTH ARE ESSENTIAL FOR OUR RECORDS (Please complete in BLOCK CAPITALS)



SURNAME: \_\_\_\_\_ Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_

FORENAMES: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel. No. - Home: \_\_\_\_\_ Work / Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## For applicants at School or College

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Residence (last 3 years): \_\_\_\_\_

Please tick category closest to your ethnic background - this is not nationality

### White

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

### Asian / Asian British

- 39. Indian
- 40. Pakistani
- 41. Bangladeshi
- 42. Chinese
- 43. Any other Asian 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<br>(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: \_\_\_\_\_

## Taster courses application form - Wondering about a career topic? Try it out for a day to see if you like it!

### One-Day Tasters - (for year 10 and 11 pupils) not Foundation Studies Programme

Please tick in the box(es) for the Course(s) you would like to attend (While most schools are happy to allow pupils to take part in career development taster days, some prefer otherwise. For this reason, some of the Taster Days are provided in school holidays).

Agriculture	<input type="checkbox"/> Monday 15 <sup>th</sup> Feb 2016	<input type="checkbox"/> Thursday 17 <sup>th</sup> Mar 2016	
Agricultural Engineering	<input type="checkbox"/> Tuesday 8 <sup>th</sup> March 2016	<input type="checkbox"/> Tuesday 19 <sup>th</sup> April 2016	
Animal Management	<input type="checkbox"/> Tuesday 27 <sup>th</sup> Oct 2015	<input type="checkbox"/> Wednesday 28 <sup>th</sup> Oct 2015	
	<input type="checkbox"/> Tuesday 22 <sup>nd</sup> Mar 2016	<input type="checkbox"/> Wednesday 23 <sup>rd</sup> Mar 2016	<input type="checkbox"/> Tuesday 31 <sup>st</sup> May 2016
	<input type="checkbox"/> Wednesday 1 <sup>st</sup> June 2016		
Arboriculture and Forestry	<input type="checkbox"/> Friday 18 <sup>th</sup> Mar 2016		
Conservation and Countryside Management		<input type="checkbox"/> Friday 23 <sup>rd</sup> Oct 2015	<input type="checkbox"/> Monday 18 <sup>th</sup> Jan 2016
Equine	<input type="checkbox"/> Tuesday 27 <sup>th</sup> Oct 2015	<input type="checkbox"/> Tuesday 22 <sup>nd</sup> March 2016	<input type="checkbox"/> Thursday 24 <sup>th</sup> March 2016
	<input type="checkbox"/> Tuesday 31 <sup>st</sup> May 2016	<input type="checkbox"/> Wednesday 1 <sup>st</sup> June 2016	
Fishery Studies	<input type="checkbox"/> Friday 23 <sup>rd</sup> Oct 2015	<input type="checkbox"/> Tuesday 21 <sup>st</sup> April 2016	
Gamekeeping	<input type="checkbox"/> Friday 23 <sup>rd</sup> Oct 2015	<input type="checkbox"/> Friday 15 <sup>th</sup> April 2016	<input type="checkbox"/> Friday 10 <sup>th</sup> Jun 2016
Horticulture	<input type="checkbox"/> Friday 18 <sup>th</sup> Mar 2016		
Motor Vehicle and Engineering	<input type="checkbox"/> Friday 18 <sup>th</sup> Mar 2016	<input type="checkbox"/> Friday 10 <sup>th</sup> Jun 2016	
Sport	<input type="checkbox"/> Tuesday 27 <sup>th</sup> Oct 2015	<input type="checkbox"/> Tuesday 16 <sup>th</sup> Feb 2016	
Football Academy Trials	<input type="checkbox"/> Tuesday 27 <sup>th</sup> Oct 2015	<input type="checkbox"/> Tuesday 16 <sup>th</sup> Feb 2016	<input type="checkbox"/> Tuesday 29 <sup>th</sup> Mar 2016
Outdoor Education	<input type="checkbox"/> Monday 26 <sup>th</sup> Oct 2015	<input type="checkbox"/> Monday 15 <sup>th</sup> Feb 2016	<input type="checkbox"/> Friday 8 <sup>th</sup> Apr 2016
Public Services	<input type="checkbox"/> Monday 26 <sup>th</sup> Oct 2015	<input type="checkbox"/> Monday 15 <sup>th</sup> Feb 2016	<input type="checkbox"/> Friday 8 <sup>th</sup> Apr 2016

To find out how your personal information is used please refer to our Privacy Policy available on our website at [www.sparsholt.ac.uk](http://www.sparsholt.ac.uk). 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

I agree to participate fully in the course and abide by the course and College student rules.

Signed \_\_\_\_\_ (Student)

Signed \_\_\_\_\_ \* (Parent/Guardian if student under 18 yrs. of age)

\* I understand and agree that my son/daughter will not necessarily be supervised during non-taught time (e.g. lunch / refreshment breaks / overnight). Student Services will be open during the working day as a point of contact for any student who requires adult support. I also give permission that my son/daughter may attend any off site visits as necessary.

When complete please post directly to:

Admissions, Sparsholt College Hampshire, Winchester SO21 2NF

Tel: 01962 797280 email: [courses@sparsholt.ac.uk](mailto:courses@sparsholt.ac.uk)