

2016/2017 FULL-TIME 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)**

SURNAME: _____ Mr Mrs Ms Miss Other: _____

FORENAMES: _____ DATE OF BIRTH: _____

NI Number: _____ Unique Learner Number (if known) _____

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: _____ Own Mobile: _____

Email: _____

Next of Kin / Emergency Contact: Name: _____ Relationship: _____

Tel No. - Home: _____ Work / Mobile: _____

Email: _____

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

- | | | |
|--|--|--|
| <p>White</p> <p><input type="checkbox"/> 31. English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> 32. Irish</p> <p><input type="checkbox"/> 33. Gypsy or Irish Traveller</p> <p><input type="checkbox"/> 34 Any Other White Background</p> | <p>Mixed / Multiple ethnic groups</p> <p><input type="checkbox"/> 35. White and Black Caribbean</p> <p><input type="checkbox"/> 36. White and Black African</p> <p><input type="checkbox"/> 37. White and Asian</p> <p><input type="checkbox"/> 38 Any other Mixed / Multiple Ethnic Background</p> | <p>Asian / Asian British</p> <p><input type="checkbox"/> 39. Indian</p> <p><input type="checkbox"/> 40. Pakistani</p> <p><input type="checkbox"/> 41. Bangladeshi</p> <p><input type="checkbox"/> 42. Chinese</p> <p><input type="checkbox"/> 43 Any other Asian Background</p> |
| <p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> 44. African</p> <p><input type="checkbox"/> 45. Caribbean</p> <p><input type="checkbox"/> 46 Any other Black / African / Caribbean Background</p> | <p>Other ethnic group</p> <p><input type="checkbox"/> 47. Arab</p> <p><input type="checkbox"/> 98 Any other Ethnic Group</p> | |

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

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 Sparsholt College. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (This question is voluntary)

- | | | | |
|--|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Any other religion: _____ | | | |

Sexual Orientation: (This question is voluntary)

- | | | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian/Gay | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
|---------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|--|

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"/> Work Experience | <input type="checkbox"/> Industry Contact | <input type="checkbox"/> Previous Course |
| <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"/> Exhibition / Show | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other - Please specify: _____ | | |

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:

- | | | | | |
|--|--|----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> about courses or learning opportunities | <input type="checkbox"/> for surveys or research | <input type="checkbox"/> by post | <input type="checkbox"/> by phone (including text messages) | <input type="checkbox"/> by email |
|--|--|----------------------------------|---|-----------------------------------|

Referees

Please give full names and address as a reference will be sent for prior to interview unless otherwise requested.

We require the last school or college attended (if within the last five years) or for all others we require a current/ most recent employer/work provider or other personal referee (not a relative).

Name of School/College OR Employer/ _____
Work Provider/Personal Referee

Name of Tutor/Teacher/Referee _____

Address _____

_____ Post code _____

Occupation _____

OFFICE USE ONLY *sent:*

received

Declaration:

To be signed by student and also by parent / guardian if the student is under 19 years of age and receiving parental support (i.e. living at home).

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

Signed _____ (Student) Date _____

Signed _____ (Parent / Guardian) Date _____

When complete please forward to your school tutor for them to forward to Sparsholt or if out of education, post directly to:

Admissions, Sparsholt College Hampshire, Winchester, SO21 2NF

Tel: 01962 797280 email: courses@sparsholt.ac.uk



This activity is part-financed by the European Union.



DATA PROTECTION ACT: This symbol tells you that information you provide is being collected and used by the College and certain other bodies. More information is available in the College Prospectus, the Student Handbook and from the Admissions Office
