

Application Process

Professional/Vocational Qualifications, Short, Legislative and Competency Courses



SURNAME	FORENAME(S)	TITLE	GENDER	DATE OF BIRTH
National Insurance Number:		Student Ref:		

Home Address:	Employer's Details if released to attend:
Postcode	Postcode
Telephone No:	Telephone No:
Email:	Email:

ETHNICITY

White	Mixed	Asian or Asian British	Black or Black British	Other
British ³¹ <input type="checkbox"/>	White & Black Caribbean ³⁵ <input type="checkbox"/>	Indian ³⁹ <input type="checkbox"/>	African ⁴⁴ <input type="checkbox"/>	Chinese ⁴² <input type="checkbox"/>
Irish ³² <input type="checkbox"/>	White & Black African ³⁶ <input type="checkbox"/>	Pakistani ⁴⁰ <input type="checkbox"/>	Caribbean ⁴⁵ <input type="checkbox"/>	Arab ⁴⁷ <input type="checkbox"/>
Gypsy ³³ <input type="checkbox"/>	White & Asian ³⁷ <input type="checkbox"/>	Bangladeshi ⁴¹ <input type="checkbox"/>	Other Black ⁴⁶ <input type="checkbox"/>	Other Background ⁹⁸ <input type="checkbox"/>
Other White ³⁴ <input type="checkbox"/>	Other Mixed ³⁸ <input type="checkbox"/>	Other Asian ⁴³ <input type="checkbox"/>		

DISABILITY

Visual Impairment ⁰¹ <input type="checkbox"/>	Temporary disability after illness or accident ⁰⁸ <input type="checkbox"/>
Hearing Impairment ⁰² <input type="checkbox"/>	Profound complex disabilities ⁰⁹ <input type="checkbox"/>
Disability affecting mobility ⁰³ <input type="checkbox"/>	Aspergers Syndrome ¹⁰ <input type="checkbox"/>
Other physical disability ⁰⁴ <input type="checkbox"/>	Multiple disabilities ⁹⁰ <input type="checkbox"/>
Other medical condition (epilepsy, asthma, diabetes) ⁰⁵ <input type="checkbox"/>	Other ⁹⁷ <input type="checkbox"/>
Emotional / behavioural difficulties ⁰⁶ <input type="checkbox"/>	No disability ⁹⁸ <input type="checkbox"/>
Mental ill health ⁰⁷ <input type="checkbox"/>	

LEARNING DIFFICULTY

Moderate learning difficulty ⁰¹ <input type="checkbox"/>	Autism spectrum disorder ²⁰ <input type="checkbox"/>
Severe learning difficulty ⁰² <input type="checkbox"/>	Other ⁹⁷ <input type="checkbox"/>
Dyslexia ¹⁰ <input type="checkbox"/>	Multiple learning difficulties ⁹⁰ <input type="checkbox"/>
Dyscalculia ¹¹ <input type="checkbox"/>	No learning difficulty ⁹⁸ <input type="checkbox"/>
Other specific learning difficulty ¹⁹ <input type="checkbox"/>	

CRIMINAL CONVICTIONS

Do you have a criminal conviction (spent, unspent or pending)? Yes (Further details required below) No

Further details:

RESIDENTIAL STATUS

Have you been living in the UK for the past 3 years? Yes No

Or have you been a resident of any other EU / EEA country for the past 3 years? Yes No

If not which country have you been living in for the past 3 years?

If you have a present visa stamp, what is the purpose of the stamp?

Work Permit Student visa Settlement Dependent Spouse Indefinite leave to remain

Specify other

Do you have any of the following? Please tick one.

Exceptional leave to remain Humanitarian protection Discretionary Leave Refugee Status Asylum Seeker Status Issue of Documents Expiry of Documents Document number

School Last Attended (if within the last two years)

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EMERGENCY CONTACT DETAILS

In the event of an emergency we will contact the person named below

Contact:	Relationship to you:
Telephone No:	Mobile No:

COURSE DETAILS AND PAYMENT - The following section must be completed in full.

COURSE FEES

COURSE CODE	COURSE NAME (as stated in the prospectus)	START DATE	FEE

FEE PAYMENT - Please tick one of the following (see back page of Part Time prospectus for details)

<input type="checkbox"/> I am paying my own fees (please complete Payment details)
<input type="checkbox"/> My employer is paying my fees (a letter and signed form of authorisation must accompany this form - please complete Payment details)

PAYMENT DETAILS

Total Course Fees:	
Campus Fees: Payable once per academic year	£10.00
TOTAL TO PAY:	

Please tick method of payment: Cash Cheque Invoice Employer

If you wish to pay by debit/credit card please submit your application to the Management Centre who will call you to take payment, or alternatively you can call the Management Centre on 01604 673533 to provide your card details once you have submitted your application.

REFUNDS: Normally no refunds are paid once an enrolment is made, unless there are extenuating circumstances. Applications for refunds must be made in writing.

I agree to abide by the College Rules & Safety Regulations:	
Signed:	
Print Name	Date:

Privacy Statement

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Tick this box if you do not wish to be contacted in respect of surveys and research not directly relating to student feedback by mail or phone.

Tick this box if you do not wish to be contacted about courses or learning opportunities by post.

If you are happy to be contacted please indicate how you would like us to contact you by ticking the appropriate box(es): By Post By Phone By E-Mail