

**Student Services, Moulton College**

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**FULL TIME FURTHER EDUCATION APPLICATION FORM**

(For Higher Education Courses please apply through UCAS)

**Personal Details**

Source: Web site

<b>Student Ref.</b> (completed by College)			
<b>Surname</b>			
<b>Forenames</b> (in full)			
<b>Title</b>	Mr / Mrs / Ms / Miss / Other:	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of Birth</b>	DD / MM / YYYY	<b>Age</b> (as at 31st August of year of entry)	

<b>Nationality</b>	
<b>Have you been a resident in the EU for 3 years</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnic Origin:</b>	
<input type="checkbox"/> Asian or Asian British – Bangladeshi (11) <input type="checkbox"/> Asian or Asian British – Indian (12) <input type="checkbox"/> Asian or Asian British – Pakistani (13) <input type="checkbox"/> Asian or Asian British – any other Asian background (14) <input type="checkbox"/> Black or Black British – African (15) <input type="checkbox"/> Black or Black British – Caribbean (16) <input type="checkbox"/> Black or Black British – any other Black background (17) <input type="checkbox"/> Chinese (18)	<input type="checkbox"/> Mixed - White and Asian (19) <input type="checkbox"/> Mixed - White and Black African (20) <input type="checkbox"/> Mixed - White and Black Caribbean (21) <input type="checkbox"/> Mixed - any other Mixed background (22) <input type="checkbox"/> White – British (23) <input type="checkbox"/> White – Irish (24) <input type="checkbox"/> White - any other White background (25)
<b>Disability:</b>	
<input type="checkbox"/> Visual impairment (01) <input type="checkbox"/> Hearing impairment (02) <input type="checkbox"/> Disability affecting mobility (03) <input type="checkbox"/> Other physical disability (04) <input type="checkbox"/> Other Medical condition (epilepsy, asthma, diabetes) (05) <input type="checkbox"/> Temporary disability after illness or Accident (08)	<input type="checkbox"/> Mental ill health (07) <input type="checkbox"/> Emotional/behavioural difficulties (06) <input type="checkbox"/> Profound complex disabilities (09) <input type="checkbox"/> Multiple disabilities (90) <input type="checkbox"/> Other (97): <input type="checkbox"/> No disability (98)
<b>Learning Difficulty:</b>	
<input type="checkbox"/> Moderate learning difficulty (01) <input type="checkbox"/> Severe learning difficulty (02) <input type="checkbox"/> Dyslexia (10) <input type="checkbox"/> Dyscalculia (11)	<input type="checkbox"/> Other specific learning difficulty (19) <input type="checkbox"/> Multiple learning difficulties (90) <input type="checkbox"/> Other (97): <input type="checkbox"/> No learning difficulty (98)
<b>Background:</b>	
<input type="checkbox"/> Living in a hostel <input type="checkbox"/> Mental health problems <input type="checkbox"/> Traveller <input type="checkbox"/> Interrupted schooling <input type="checkbox"/> In or recently left care	<input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Ex-offender <input type="checkbox"/> Full-time carer <input type="checkbox"/> Recovering alcohol/drug addict

<b>School Last Attended</b> (if within the last three years)	
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<b>Address:</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Telephone No.</b>	
<b>Mobile No.</b>	
<b>Name of Next of Kin</b>	<b>Relationship to you</b>
<b>Next of Kin Address and Phone No.</b> (if different from above):	

## Course Details

Course Ref. (completed by College)	
Course title	
Year of Entry	

### Relevant details for enrolment on this course

Qualification obtained or to be taken before applying for this course:

(Please tick the box to indicate if the Grade is a Predicated Grade)

Date	Subject	Grade	Predicted
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Other details which may help us in considering your application:

Please include name and address of two referees (not a friend or relative):

1.	2.

### Undertakings - Both the undertakings below must be signed

Applicants over 18 years old may sign part B of the undertaking themselves, provided they accept responsibility for the payment of their own fees, etc.  
(A) I undertake, if admitted as a student, to conform to the rules, regulations and rights of the College as directed

by the Governors, Principle or other governing authority and to accept as final their, or his, decision in all matters relating to the conduct of the college.  
I agree to abide by the College Safety Regulations.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(B) I (as parent, guardian or major) undertake to pay all fees and other charges due to Moulton College, in accordance with the rules, for the time being in force, in respect of the above applicant. I understand that residential fees are payable termly in advance and are non-refundable.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that I am receipt of the following benefits and I wish to claim free remission under (See separate list).

I understand that I am responsible for informing the College if my circumstances change and my eligibility for free remittance ceases.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Information on this form will be stored electronically and may be transferred to Government Departments.

Data Protection Statement 2008/2009

Data Protection Act 1998 –The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at [www.lsc.gov.uk/providers/Data/help/](http://www.lsc.gov.uk/providers/Data/help/) and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.