



APPLICATION FORM

PERSONAL DETAILS

Surname	
Forename(s) in full	
Title: Mr/Mrs/Ms/Miss/Other	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
National Insurance Number	
Date of birth: DD/MM/YYYY	Age: (as at 31st August of year of entry)
Home Address:	
Postcode	
Telephone No:	Telephone No:
Email:	
Name of Next of Kin	Relationship to you
Next of Kin Address and Phone No. (if different from above)	
Postcode	

RESIDENTIAL STATUS

Have you been living in the UK for the past 3 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Or have you been a resident of any other EU / EEA country for the past 3 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not which country have you been living in for the past 3 years?		

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) <input type="checkbox"/>	No <input type="checkbox"/>
Further details:		

COURSE DETAILS

Course Applied for:	Year of Entry:
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School Last Attended (if within the last three years)

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

Other details which may help us in considering your application:

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

1. Name	2. Name
Address	Address
Email	Email
Referee's relationship to you:	Referee's relationship to you:

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, Principal 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 fee subsidy under (see separate list, available on request). I understand that I am responsible for informing the College if my circumstances change and my eligibility for fee remission ceases.	
Signature of applicant:	Date:

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

<p>Privacy Statement</p> <p>How We Use Your Personal Information</p> <p>The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office.</p> <p>The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA.</p> <p>The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations.</p> <p>The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN). Further information about use of and access to your information is available at: Skills Funding Agency: http://skillsfundingagency.bis.gov.uk/foi.htm YPLA: http://www.ypla.gov.uk/foi.htm</p> <p>At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.</p> <p>Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone. <input type="checkbox"/></p> <p>Tick this box if you do not wish to be contacted about courses or learning opportunities by post. <input type="checkbox"/></p>
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