

Learner ID number   
 (for office use only)

PLEASE COMPLETE THIS FORM IN BLACK INK AND BLOCK CAPITALS. Return to: FREEPOST RLUR-YRGG-HXUY, Warwickshire College – Admissions Centre, Warwick New Road, Royal Leamington Spa, CV32 5JE.

## TITLE OF COURSE(S) AND QUALIFICATION(S) APPLIED FOR

1st Choice	Centre	Course Ref:WC
2nd Choice	Centre	Course Ref:WC

**CAN'T MAKE UP YOUR MIND WHICH STUDY AREA INTERESTS YOU?** Please tick here for advice & guidance interview

### PERSONAL DETAILS

Surname/Family Name: \_\_\_\_\_

Forename(s): \_\_\_\_\_

 Gender: M  F  Title: Mr  Mrs  Miss  Ms  Dr 

 Date of Birth (DD/MM/YY)   /   /  

 Age at 31/08/12 

Home/Permanent Address

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

 Work Tel: \_\_\_\_\_ No. of Years at This Address 

Email: \_\_\_\_\_

If known, please enter your unique learner number (ULN):

         

 NI Number        

 Have you previously been a learner at Warwickshire College? Yes  No 

Term-time Address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**Emergency Contact/Next of Kin**

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Work tel: \_\_\_\_\_ Home tel: \_\_\_\_\_

Previous Surname: \_\_\_\_\_

### RESIDENCY AND NATIONALITY

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

If not British, please state country of legal residency: \_\_\_\_\_

 Have you lived in the EU continuously over the last 3 years? Yes  No 

If no, please contact the International Office on 01926 884263.

If no, please state date of entry into the UK

  /   /  

 Are you on a time limited visa? Yes  No 

### EQUAL OPPORTUNITIES

Please indicate the category that best reflects your ethnic origin (please tick one box only)

**White**

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

**Mixed / Multiple Ethnic Group**

- (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

The College welcomes the Disability Discrimination Act – if you have a learning difficulty or disability, please help us by giving as much information as possible, so we can arrange the support you need. Please indicate any of the following categories that apply to you.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> (98) No Disability                 | <input type="checkbox"/> (04) Other Physical Disability            | <input type="checkbox"/> (09) Profound/Complex Disabilities |
| <input type="checkbox"/> (01) Visual Impairment             | <input type="checkbox"/> (05) Medical Condition (eg epilepsy) *    | <input type="checkbox"/> (10) Aspergers Syndrome            |
| <input type="checkbox"/> (02) Hearing Impairment            | <input type="checkbox"/> (06) Emotional/Behavioural Difficulties * | <input type="checkbox"/> (90) Multiple Disabilities         |
| <input type="checkbox"/> (03) Disability Affecting Mobility | <input type="checkbox"/> (07) Mental Health Difficulty             | <input type="checkbox"/> (97) Other *                       |
| <input type="checkbox"/> (03) Wheelchair User               | <input type="checkbox"/> (08) Temporary Disability *               | <b>*Please give details</b> _____                           |

**Learning Difficulties**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (01) Moderate Learning Difficulties | <input type="checkbox"/> (02) Severe Learning Difficulty     | <input type="checkbox"/> (20) Autism Spectrum Disorder |
| <input type="checkbox"/> (10) Dyslexia                       | <input type="checkbox"/> (11) Dyscalculia                    | <input type="checkbox"/> (19) Other *                  |
| <input type="checkbox"/> (19) Dyspraxia                      | <input type="checkbox"/> (90) Multiple Learning Difficulties | <b>*Please give details</b> _____                      |

 Do you require extra support for any of the following essential skills? English  Maths  ESOL 

- Please tick if you are classed as a looked after child by the local authority
- Please tick if you may need help leaving the buildings in the event of an emergency

Awarding Board e.g. AQA	Subject (including Level) e.g. Maths GCSE – or if taken outside UK, name of exam in that country	Actual Grade	Predicted Grade	Completion Date

Name of present/last school, college or employer

Address

Postcode

Telephone

Further information to help support your application. Please complete as much as possible. If you need help, give us a call on 0845 217 7414

**JOB HISTORY**

Employer Job Title

Start date End date Duration

Main Duties

**Are you currently:**

- Employed**  **In education**  **In training**  **Undertaking any voluntary work**  **Actively seeking employment**   
 Full-time  Full-time  Full-time   
 Part-time  Part-time  Part-time

**PERSONAL STATEMENT**

This is your chance to tell people about yourself. This should include some or all of the following

- Your interests outside School/College
- Positions of responsibility held inside or outside school
- What kind of personal qualities you feel you have
- Extra curricular activities at school
- What you consider to be your best achievements
- Talented sports athlete
- Voluntary work
- What skills you think you have
- Residential courses

If you have a Progress File/Record of Achievement/Individual Learning Plan, you may have some of this information already

**REASONS FOR APPLYING**

Please describe what interests you about this course and why you think your skills and experience make you suitable for it  
Please include here details of any career interests you may have at this stage

**MARKETING INFORMATION**

Your feedback is valuable to us. We would appreciate you taking a few moments to complete the following questions.

**Where did you hear about Warwickshire College?** (please tick one option)

- Website  School Careers Adviser  Connexions Personal Adviser  
 Family/Friend Recommendation  Direct Mail  Advertisement  
 Other (please specify)

Applicant's signature

Date

Parent's/guardian's signature (if under 18)

Date

Please inform us if you have any individual needs, for example access, disabled parking.

The College is registered under the Data Protection Act 1998. The information you provide on this form will be held on a database for the purposes of managing your application. The information you provide will be shared with Connexions for the purpose of administration, careers and other guidance, statistical and research purposes. From time to time we may wish to send you information about the College. Please tick this box if you would prefer not to be contacted about new courses or learning opportunities in the future.

**FOR OFFICE USE ONLY**

Date interviewed By whom Programme recommended Conditions Fee remission

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