

PART TIME APPLICATION FORM 2010/2011

Please return your completed application to Admissions, Suffolk New College,
Ipswich, IP4 1LT



ABOUT YOU

First name(s) Surname

Title Mr Miss Mrs Ms Date of Birth Age on 31 August 2010 Male Female

Home address

Post Code

Home Phone Mobile

Email

Your Nationality Your Country of birth

Have you been resident in the UK/European Union for the last 3 years? Yes No

Do you have any **UNSPENT** criminal convictions? Yes No

Unique Learner Number (If known)

What is your current or the last school/college you attended

YOUR COURSE

Which course do you wish to study? Please give the full title for your 1st & 2nd choice

Course Title

Course Title

YOUR EXAMINATION DETAILS

What qualifications do you have or are taking? (You will be asked to produce certificates or results slips at a later stage)

Subject	Awarding body	Level(eg.GCSE,A Level)	Date taken/to be taken	Grade/expected grade
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YOUR EMPLOYMENT DETAILS (if you are employed)

Name and address of employer

Type of work From month/year To month/year

ADDITIONAL SUPPORT

We will do our very best to provide the support you need
(please tick any boxes that apply to you)

LEARNING DIFFICULTY

- Moderate learning difficulties
- Severe learning difficulties
- Autism
- Dyslexia
- Dyscalculia
- Other specific difficulties
- Other
- Statement of education needs *(please supply copy with application)*

Did you receive additional learning support at school?

- YES NO

DISABILITY OR MEDICAL CONDITION

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Asperger Syndrome
- Other medical condition *(e.g. Epilepsy, Asthma, Diabetes)*
- Emotional/Behavioral
- Mental ill health
- Temporary disability after illness
- Profound complex disabilities
- Multiple disabilities
- Other

EQUAL OPPORTUNITIES

To help us monitor our Equal Opportunities policy, please complete the following.
The information is confidential and will be used for the sole purpose of Equal Opportunities monitoring.

To which ethnic group do you consider you belong? *(please tick relevant box)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian or Asian British - <i>Bangladeshi</i> | <input type="checkbox"/> Black or Black British
- <i>Other Black Background</i> | <input type="checkbox"/> Mixed - <i>Other mixed Background</i> |
| <input type="checkbox"/> Asian or Asian British - <i>Indian</i> | <input type="checkbox"/> Chinese | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian or Asian British - <i>Pakistani</i> | <input type="checkbox"/> Mixed - <i>White and Asian</i> | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Asian or Asian British - <i>Other Asian Background</i> | <input type="checkbox"/> Mixed - <i>White and Black African</i> | <input type="checkbox"/> White - <i>Other Background</i> |
| <input type="checkbox"/> Black or Black British - <i>African</i> | <input type="checkbox"/> Mixed - <i>White and Black Caribbean</i> | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Black or Black British - <i>Caribbean</i> | | <input type="checkbox"/> Not known/not provided |

SIGNATURE

- Suffolk New College collects information about all students for various administrative, academic and health & safety reasons. In line with the Data Protection Act 1998, we need your consent before we do this. By signing this form you are giving your consent to the College to collect and process your personal data.
- I give my permission for my previous student information to be passed from the Local Education Authority to the College. This will help to provide the right support for you while completing your course.
- I confirm that the information on this form is correct and complete.

Your signature	Date
If you are under 18 your parents/guardians signature	Date