

Student ID:

Unique Learner Number ID:



# APPLICATION FORM

**Thank you for applying for a course at South East Derbyshire College.**

Application forms will be acknowledged within five working days and we will offer you an interview as soon as we can. If you need assistance with any aspect of your application or in the completion of this form, please contact Admissions at the College on 0115 849 2020.

Please complete all parts of this form in CLEAR BLOCK CAPITALS. Completed forms should be returned to: Admissions Department, South East Derbyshire College, Field Road, Ilkeston, Derbyshire DE7 5RS.

Are You a Returning Student? Yes  No

Title  Family Name  First Name

Date of Birth  National Insurance No.  Male  Female

Permanent Home Address

Post Code  Email

Telephone Number  Mobile Number

Nationality  What is your first language?

Have you lived in the UK or other European Union Country for the whole of the last 3 years? Yes  No

Your Ethnic Origin. Please tick whichever of these boxes apply

ASIAN/ASIAN BRITISH	MIXED	WHITE	BLACK/BLACK BRITISH	CHINESE/OTHER ETHNIC
Bangladeshi <input type="radio"/>	White/Asian <input type="radio"/>	British <input type="radio"/>	African <input type="radio"/>	Chinese <input type="radio"/>
Pakistani <input type="radio"/>	White/Black Caribbean <input type="radio"/>	Irish <input type="radio"/>	Caribbean <input type="radio"/>	Other Ethnic Groups <input type="radio"/>
Indian <input type="radio"/>	White/Black African <input type="radio"/>	Other <input type="radio"/>	Other <input type="radio"/>	
Other <input type="radio"/>	Other <input type="radio"/>			

Any other not listed above

How did you hear about the course? Please tick whichever boxes apply

Friend / Relative <input type="radio"/>	Connexions <input type="radio"/>	Visiting College / Open Day <input type="radio"/>
Telephone Enquiry <input type="radio"/>	Employer <input type="radio"/>	College Leaflet / Directory <input type="radio"/>
Through School <input type="radio"/>	Newspaper Advert (List below) <input type="radio"/>	Website <input type="radio"/>
Radio <input type="radio"/>	Other (Please Specify) <input type="text"/>	

Are you applying for a:

Full time course

Part time day course

Evening course

Work based with day release / Apprenticeship

Which course are you applying for?

First Choice Course Title:

Second Choice Course Title:

If you would like to study other courses or subjects in addition to your main choice please give details

SUBJECT

LEVEL

SUBJECT

LEVEL

Qualifications already achieved (eg GCSEs, A Levels, RSA, City & Guilds, BTEC, HND, Degrees and / or Professional / Industrial Training)

AWARDING BODY

EXAMINATION SUBJECT

LEVEL

YEAR

GRADE

AWARDING BODY

EXAMINATION SUBJECT

LEVEL

YEAR

GRADE

Examinations to be taken

AWARDING BODY

EXAMINATION SUBJECT

LEVEL

DATE TO BE TAKEN

EXPECTED GRADE

AWARDING BODY

EXAMINATION SUBJECT

LEVEL

DATE TO BE TAKEN

EXPECTED GRADE

Why do you want to join this course? Please give any further information that may support your application. Include leisure interests and your career aim.

Do you consider yourself to have a disability? Yes  No  Please help by ticking any of the boxes below

Visual impairment <input type="radio"/>	Hearing impairment <input type="radio"/>	Disability affecting mobility <input type="radio"/>
Physical disability <input type="radio"/>	Other medical condition (for example epilepsy, asthma, diabetes) <input type="radio"/>	
Emotional/behavioural difficulties <input type="radio"/>	Mental health difficulty <input type="radio"/>	Profound complex disabilities <input type="radio"/>
Temporary disability after illness (for example post viral or accident) <input type="radio"/>	Aspergers syndrome <input type="radio"/>	
Multiple disabilities <input type="radio"/>	Other - please specify below <input type="radio"/>	

Do you consider yourself to have learning difficulty? Yes  No  Please help by ticking any of the boxes below

Dyslexia <input type="radio"/>	Dyscalculia <input type="radio"/>	Autism spectrum disorder <input type="radio"/>
Other specific learning difficulty <input type="radio"/>	Other - please specify below <input type="radio"/>	

Do you require any special arrangements for your interview? Yes\*  No

Do you have any medical condition that may affect your choices? Yes\*  No

\*If yes, please provide details

Do you wish to access any of our support services?

Mentoring <input type="radio"/>	Study Skills <input type="radio"/>	Counselling or Personal Support <input type="radio"/>
Guidance <input type="radio"/>	Help with mobility <input type="radio"/>	Other - please specify below <input type="radio"/>

Please give the name and address of the last school you attended (or are attending)

Postcode

Actual or expected leaving date

Do you have a Record of Achievement / Progress File?

Yes  No

Do you have a Connexions Plan?

Yes  No

If you are claiming means tested benefits or are dependent on someone who is claiming means tested benefits or if you are in receipt of low pay, you may be able to claim assistance from our Learner Support Fund for course fees, travel costs, childcare and essential course requirements. For more information call Student Services on 0115 849 2015. You also may be able to apply for EMA or ALG

Please tick the box if you would like information about financial assistance

Are you a looked after child or a care leaver?

Yes  No

If yes, would you like someone to contact you to discuss how we may be able to support you?

Yes  No

Do you have a criminal record Yes  No

For some courses and careers, students may need to complete a Criminal Records Bureau check. For further information and discussion in confidence as to how a criminal record might affect your choice of course, please tick here

How do you intend to travel to College?

Walk  Bus  Bicycle   
Moped / Motorcycle  Car  Combination of these   
Other

I declare the information given in this form is correct. I undertake, if accepted on a course at the college, to abide by College regulations. The information I provide on this form is protected under the Data Protection Act 1998. The information may be shared with other organisations for the purpose of administration, careers guidance, statistical and research purposes. Further information may be found at [www.lsc.gov.uk](http://www.lsc.gov.uk) or by contacting Student Services.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18 on 1st September of the year the course begins).

Signed \_\_\_\_\_ Date \_\_\_\_\_

