

Please use BLOCK CAPITALS and black ink / Please complete all grey sections / Once complete, please fold appropriately and place into a standard envelope, and return your form to:

Student Registry, Otley College, Otley, Ipswich, Suffolk IP6 9EY.
Royal Mail class this as a 'standard letter'.

NB: this form can be provided in a larger print font or electronic format (www.otleycollege.ac.uk)

FOR OFFICE USE

Student ref. no:

Disc date:

Disc letter:

Acc Letter:

Course acc on:

Ackn:

Disc time:

DTU letter:

Tutor:

Tutor signature:



This activity has been directly or indirectly part-financed by the European Union through European Social Fund – helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.

COUNTRY OF RESIDENCE

I normally live in:
(please tick one box)

England Wales Scotland N. Ireland Other (please state)

IN CASE OF EMERGENCY

Emergency contact number:

Emergency contact name:

Relationship eg. parent/guardian:

DECLARATION

I confirm to the best of my knowledge that the information on this form is correct and complete. If accepted as a student I agree to abide by the College Regulations.

For applicants under 18 years, please sign to give permission for your previous student information to be passed from the LEA to the College. Sign below, to provide the right support for you while completing your course.

Data Protection - the information you have provided will be stored on computer and used to process your application. The information may be disclosed to the Youth and Connexions Service, Local Education Authority, Awarding Bodies, Funding Councils, the Higher Education Statistical Agency and if you are under 18 years of age, to your parents/guardian.

Applicant's signature

Date:



PERSONAL INFORMATION

Title (please tick):

Mr Miss Mrs Ms Other

First Name(s):

Surname:

Date of Birth: Age on 31 August 2010:

Male Female

Home Address:

Postcode:

Telephone (Mobile):

Telephone (Home):

National Insurance number:

Unique Learner Number (ULN):

Email Address:

Country of Birth:

Nationality:

Have you been living in the UK/EEA for the past 3 years? Yes No

Please tick if in Full Time employment:

I am a permanent resident in the UK: Yes No

I am a temporary resident for:

Education/Training Employment Other

Date of entry into the UK:

Are you currently seeking asylum in the UK? Yes No

Do you have any criminal convictions, cautions, reprimands or final warnings, or any prosecutions pending?

Yes No

COURSE APPLIED FOR*

1st choice course code and title

2nd choice course code and title

Are you a schools learner (14-16 years)? Yes No

* Some courses are popular and may have a waiting list. Please select a second choice.

Year of Entry

September 2010 September 2011 Other (Please state)

To confirm your attendance on a daytime course, you will be invited to attend a welcome event at the College.

ADDITIONAL SUPPORT

We will do our very best to provide the support you need:

(please tick any boxes that apply to you)

Learning Difficulty

- | | |
|---|---|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Other specific learning |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Multiple learning difficulties |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Statement of educational needs |
| <input type="checkbox"/> Dyscalculia | (Please supply a copy with application form) |

Did you receive additional learning support at school? Yes No

Were you assessed and received exam help at school?

Reader Scribe Extra time

Disability or Medical Condition

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental ill health |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Temporary disability after illness |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Profound complex disabilities |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Other medical conditional
(eg: epilepsy, asthma, diabetes) | <input type="checkbox"/> Wheelchair user |
| <input type="checkbox"/> Emotional behavioural difficulties | <input type="checkbox"/> Other |

EDUCATION

Current or last School / College

From (Month/Year)

To (Month/Year)

Please complete the following table for any examinations/qualifications. Please give grades where possible.

Subject	Level (e.g. GCSE, A/S)	Year taken / Date to be taken	Actual Result Grade (if known)	Predicted Result/Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT

Please give details of any relevant employment full, part-time, voluntary or work experience.

Name & Address of Employer

Postcode:

Nature of work

From (Month/Year)

To (Month/Year)

Name & Address of Employer

Postcode:

Nature of work

From (Month/Year)

To (Month/Year)

EQUAL OPPORTUNITIES

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

To which ethnic group do you consider you belong.

Ethnic Origin: (Please tick one box)

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

ADDITIONAL INFORMATION

Why have you applied for this course – what is your intended career path?

Where did you hear about the course you are applying for (Connexions, friend, school etc.)?

Please list all your hobbies and interests including membership of clubs and societies etc.