

otley college
suffolk
application
form
2009/10

- Please use BLOCK CAPITALS and black ink
- Please complete all grey sections
- Once complete, please fold in half and place into a 'DL' envelope, and return your form to: Student Registry, Otley College, Otley, 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)



PERSONAL INFORMATION

Title (please tick):

Mr Miss Mrs Ms Other

First Name(s):

Surname:

Date of Birth:

Age on 31 August 2009:

Male / Female:

Home Address:

Postcode:

Telephone (Home):

Telephone (Mobile):

National Insurance No:

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

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

* If construction FCA, ICA or ACA is selected, please choose your preferred area of study (if known).

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

Year of Entry:
 September 2009 September 2010
 Other, please state:

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

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 difficulty
- Severe learning difficulty
- Autism
- Dyslexia
- Dyscalculia
- Other specific learning
- Multiple learning difficulties
- Other
- Statement of educational needs
(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

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Asperger Syndrome
- Other medical conditional (eg: epilepsy, asthma, diabetes)
- Emotional behavioural difficulties
- Mental ill health
- Temporary disability after illness
- Profound complex disabilities
- Multiple disabilities
- Other

EDUCATION

Current or last School / College

From (Month/Year)

To (Month/Year)

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

Subject	Level (e.g. GCSE, A/AS)	Year taken/ Date to be taken	Actual Result/ Grade (if known) or	Predicted Result/Grade
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EMPLOYMENT

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

Name & Address of Employer

Nature of Work

From (Month/Year)

To (Month/Year)

Name & Address of Employer

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 (please tick the relevant box)?

Ethnic Origin: (Please tick one box)

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Other Asian Background
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Other Black Background
- Chinese
- Mixed - White and Asian
- Mixed - White and Black African
- Mixed - White and Black Caribbean
- Mixed - Other mixed background
- White British
- White Irish
- White - Other white background
- Any other
- 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.

I normally live in (please tick one box):

England Wales Scotland N. Ireland Other (please state)

Do you have any criminal convictions, cautions, reprimands or final warnings, or any prosecutions pending?
(excluding traffic): Yes No

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. This will 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 Careers 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

Signature of Parent/Guardian (if under 18)

Date

FOR OFFICE USE

Student ref. no:

Ackn:

Disc date:

Disc time:

Disc letter:

DTU letter:

Acc Letter:

Tutor:

Course acc on:

Tutor sign:



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.