

8. Support requirements

Do you need additional support with your studies? Y N

To help the College provide the best support for you, please tick the boxes if you consider yourself to have any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> No disability, learning difficulty or health problem | <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Other physical disability |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia) |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Other disability |
| <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Temporary disability (e.g. after illness or accident) | |
| | <input type="checkbox"/> Speech, language and communication needs | |

9. Course details

Enter your course details here:

Course code	<input type="text"/>	/	<input type="text"/>	Start date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course title	<input type="text"/>										
Course code	<input type="text"/>	/	<input type="text"/>	Start date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course title	<input type="text"/>										

10. References (if applicable)

If you are applying for a course in Early Years, it will be necessary for us to collect two references.

Please provide the names and addresses of two reliable referees, who should not be family members.

Referee 1	<input type="text"/>															
Address	<input type="text"/>															
	<input type="text"/>										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>				Relationship	<input type="text"/>										
Email	<input type="text"/>															
Referee 2	<input type="text"/>															
Address	<input type="text"/>															
	<input type="text"/>										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>				Relationship	<input type="text"/>										
Email	<input type="text"/>															

11. Personal statement

Complete this if you are applying for an Access to Higher Education course. It is your chance to highlight the skills and personal qualities you believe make you a suitable applicant.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

12. Student declaration

I declare that the information I have provided on this form is accurate to the best of my knowledge.

Student signature	<input type="text"/>	Date	<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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Please send your completed application form to: Information and Guidance, Bridgwater College, Bath Road, Bridgwater, Somerset, TA6 4PZ. We will contact you to arrange a suitable time for your interview (if required).

01278 441234 www.bridgwater.ac.uk

Privacy Notice: If you are aged under 19, the information you provide may be shared with your Parents/Carers, current school and the Careers Service, during and after the application process.

MIAP Processing Notice: Some of the information you supply will be used by the Skills Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Skills Funding agency may share your ULN and Personal Learning Record with other education related organisations such as your careers service, school, college, university, Government Departments and public bodies responsible for funding your education. Further details of how your information is processed and shared is available on the following website:

www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents

Office use only