



# APPLICATION FORM

PRIVATE & CONFIDENTIAL

Use this form if you are applying for a course.

Please print clearly in black ink.

ID (Office use only)

## 1. Student details

Title  Gender

Surname

Known as

Date of birth

Forename(s)

## 2. Address details

Address

Postcode

Landline  Mobile

Work

Email

## 3. Emergency contact details

 Please enter the details of your next of kin:

Title  Surname  Forename(s)

Address

Postcode

Landline  Mobile

Email

## 4. Nationality

Have you been resident in the UK for three years not solely for study purposes?

If No, please provide the date you entered the UK

Is English your first language?

## 5. Course details

 Enter your course details here:

Course code  /  Start date

Course title

Course code  /  Start date

Course title

## 6. Qualifications already gained

 Please tell us about your highest qualification:

Subject  Awarding body

Level (GCSE, National Diploma, A Level, NVQ 2 etc)  Grade  Year achieved

Do you have a GCSE grade C or above (or equivalent) in English?

Do you have a GCSE grade C (or equivalent) in Maths?

If you have answered 'No' to either of these questions, would you be interested in a Skills for Life course to gain these qualifications?

## 7. Ethnic origin

 Please tick your ethnic origin:

- White**
- British (English/Welsh/Scottish/Northern Irish)
  - Gypsy or Irish Traveller
  - Irish
  - Any other White background

- Mixed/Multiple Ethnic Groups**
- White and Asian
  - White and Black African
  - White and Black Caribbean
  - Any other Mixed/Multiple ethnic background

- Asian or Asian British**
- Bangladeshi
  - Chinese
  - Indian
  - Pakistani
  - Any other Asian background

- Black/African/Caribbean/Black British**
- African
  - Caribbean
  - Any other Black/African/Caribbean background

- Other Ethnic Groups**
- Arab
  - Any other ethnic groups

**8. Support requirements**

Do you need additional support with your studies?

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. How did you find out about the course?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Adult Training & Skills Guide | <input type="checkbox"/> HE Prospectus                | <input type="checkbox"/> Other                          | <input type="checkbox"/> School Publication            |
| <input type="checkbox"/> Banner                        | <input type="checkbox"/> Information/Open Evening     | <input type="checkbox"/> Other Website                  | <input type="checkbox"/> School Staff                  |
| <input type="checkbox"/> College Staff                 | <input type="checkbox"/> Jobcentre Plus               | <input type="checkbox"/> Postcard                       | <input type="checkbox"/> Taster                        |
| <input type="checkbox"/> College Website               | <input type="checkbox"/> Leaflet/Flyer                | <input type="checkbox"/> Poster                         | <input type="checkbox"/> Text Message                  |
| <input type="checkbox"/> Bus                           | <input type="checkbox"/> Letter                       | <input type="checkbox"/> Presentation                   | <input type="checkbox"/> TV Screen                     |
| <input type="checkbox"/> Careers Advisor               | <input type="checkbox"/> Live Chat                    | <input type="checkbox"/> Prospectus                     | <input type="checkbox"/> Twitter                       |
| <input type="checkbox"/> Careers Fair                  | <input type="checkbox"/> Magazine/Newspaper Advert    | <input type="checkbox"/> Radio                          | <input type="checkbox"/> University Prospectus/Website |
| <input type="checkbox"/> Email                         | <input type="checkbox"/> Open Evening Invite/Postcard | <input type="checkbox"/> Recommended by Employer        | <input type="checkbox"/> Word of Mouth                 |
| <input type="checkbox"/> Facebook                      | <input type="checkbox"/> Open Evening Letter          | <input type="checkbox"/> Recommended by Friend/Relative |  |

**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

Address

Postcode

Telephone  Relationship

Email

Referee 2

Address

Postcode

Telephone  Relationship

Email

**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.

**12. Student declaration**

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

Student signature  Date

Please send your completed application form to: Information and Guidance, Bridgwater & Taunton College, Bath Road, Bridgwater, Somerset, TA6 4PZ. We will contact you to arrange a suitable time for your interview (if required).

01278 441234 [www.btc.ac.uk](http://www.btc.ac.uk)

**Office use only**

**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](http://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents)