



# HIGHER EDUCATION APPLICATION FORM ACADEMIC YEAR 2012/2013

**FOR OFFICE USE ONLY:**

SOURCE: WEBSITE

PERSON CODE:

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### PERSONAL DETAILS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Telephone no:
First name(s):	Mobile phone no:
Last name:	Email address:
Address:	Date of birth:
	Country of birth:
	Nationality:
Postcode:	National insurance number (if known):

### EMERGENCY CONTACT DETAILS

Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes this will be discussed at your interview).	Relationship to you (e.g. mother/father):
Have you been resident in the EU for the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>  If no please indicate date of arrival in UK _ _ / _ _ / _ _	First name(s):
Are there any restrictions on your length of stay? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please attach a copy of your passport or home office documentation).	Last name:
	Address:
	Postcode:
	Telephone no:
	Mobile phone no:

### COURSE DETAILS

What course(s) are you are applying for? (List in order of preference)

1.	Course code:	Course name:
2.	Course code:	Course name:
3.	Course code:	Course name:

### ETHNIC ORIGIN (PLEASE TICK)

Asian/British	Black/British	Chinese	Mixed	White	Other
Bangladeshi <small>(11)</small>	African <small>(15)</small>	Chinese <small>(18)</small>	White/Asian <small>(19)</small>	British <small>(23)</small>	Other <small>(98)</small>
Indian <small>(12)</small>	Caribbean <small>(16)</small>		White/African <small>(20)</small>	Irish <small>(24)</small>	Unknown <small>(99)</small>
Pakistani <small>(13)</small>	Other Black <small>(17)</small>		White/Caribbean <small>(21)</small>	Other <small>(25)</small>	
Other Asian <small>(14)</small>			Other Mixed <small>(22)</small>		

### EDUCATION: SCHOOLS/COLLEGES YOU HAVE ATTENDED SINCE YOU WERE 11

Name of school/college:	From:	To:
Have you previously attended Huntingdonshire Regional College? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Course(s):	Date:	

### QUALIFICATIONS AND AWARDS – YOU MAY INCLUDE RELEVANT AWARDS SUCH AS DUKE OF EDINBURGH

Examination and level (e.g. English GCSE)	Already taken? (please tick)	Grade	Date	To be taken? (please tick)	Predicted grade:

## MARKETING INFORMATION

How did you hear about Huntingdonshire Regional College?

Newspaper/Mag	Radio	Town Centre	Event	HRC	Other
Hunts Post <small>(N1)</small>	Heart FM <small>(R1)</small>	Billboard <small>(T1)</small>	HRC open day <small>(E1)</small>	Website <small>(H1)</small>	Connexions <small>(O1)</small>
News & Crier <small>(N2)</small>	Kiss FM <small>(R2)</small>	Bus <small>(T2)</small>	HRC taster day <small>(E2)</small>	Letter <small>(H2)</small>	Your school <small>(O2)</small>
Scene magazine <small>(N3)</small>	Other station <small>(R3)</small>	Town shop <small>(T3)</small>	School visit <small>(E3)</small>	Email <small>(H3)</small>	Job Centre <small>(O3)</small>
Pride magazine <small>(N4)</small>			Wood Green <small>(E4)</small>	Text <small>(H4)</small>	Library <small>(O4)</small>
Other paper <small>(N5)</small>			Other event <small>(E5)</small>		Friend/family <small>(O5)</small>
Other magazine <small>(N6)</small>					Yellow Pages <small>(O6)</small>

Where did you pick up your copy of our prospectus?

Please tick here if you are happy to receive details on our latest course information and event details

## LEARNING SUPPORT

We are committed to helping our learners succeed and therefore wish to identify any support you may need at an early stage. Please advise us of any specific learning needs you have which may affect your study. Please tick any relevant boxes below.

Visual Impairment		Autism Spectrum Conditions	
Dyslexia		Dyspraxia	
Severe learning difficulty		ADHD	
Hearing Impairment or Difficulty		Mental Health	
Dyscalculia		Other: Please state below	
Speech Impediment			

Have you got a Statement of Educational Needs? Yes  No

Is English your first language? Yes  No  If no what is your first language?

I would like a member of The Learning Support Team to be present at my interview to discuss any support needs, so that these can be put into place as soon as possible

## MEDICAL CONDITIONS

If you have any disabilities or medical conditions we can contact you in confidence to discuss the support available. Please indicate medical conditions that we may need to be aware of. Please tick any relevant boxes below.

Anxiety/nervousness		Asthma or breathing difficulties	
Diabetes		Temporary disability after illness	
Migraines		Fainting	
Skin allergies e.g. eczema		Disability affecting mobility	
Difficulty standing / sitting		Other physical disability	
Working at heights		Other: Please state below	
Epilepsy			

## ANY OTHER INFORMATION

If you would like to give us any further information which may help your application please use the space below or attach an additional sheet.

## DATA PROTECTION

I agree that the information given on this form may be used for the registered purposes under the terms of the Data Protection Act 1998. I consent to the storage of the above information on manual and computerised files. I understand that the full College Data Protection Policy Statement and Guidelines is available on the College website or intranet. The data you supply may be used by the LSC to issue you with a Unique Learner Number (ULN). Further details of how your data is processed and shared can be found at [www.miap.gov.uk](http://www.miap.gov.uk).

Signature:

Date:

Huntingdonshire Regional College is committed to Equal Opportunities. Courses are open to all members of the community on an equal basis.

**Please return all completed forms to: The ADMISSIONS OFFICER, Student Services, Huntingdonshire Regional College, California Road, Huntingdon, Cambridgeshire, PE29 1BL.**