



# PART TIME APPLICATION FORM ACADEMIC YEAR 2011/2012

**FOR OFFICE USE ONLY:**

SOURCE: WEBSITE

PERSON CODE:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

### 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): |

|   |   |
|---|---|
| <p>Do you have any criminal convictions?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/><br/>(If yes this will be discussed at your interview).</p> <p>Have you been resident in the EU for the last three years?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no please indicate date of arrival in UK    _ _ / _ _ / _ _</p> <p>Are there any restrictions on your length of stay?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/><br/>(If yes please attach a copy of your passport or home office documentation).</p> | <h4 style="margin: 0;">EMERGENCY CONTACT DETAILS</h4> <p>Relationship to you (e.g. mother/father):</p> <p>First name(s):</p> <p>Last name:</p> <p>Address:</p> <p> </p> <p>Postcode:</p> <p>Telephone no:</p> <p>Mobile phone no:</p> |
|---|---|

### 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?<br>(please tick) | Grade | Date | To be taken?<br>(please tick) | Predicted grade |
|---|---------------------------------|-------|------|-------------------------------|-----------------|
|   |                                 |       |      |                               |                 |
|   |                                 |       |      |                               |                 |
|   |                                 |       |      |                               |                 |
|   |                                 |       |      |                               |                 |
|   |                                 |       |      |                               |                 |

**MARKETING INFORMATION**

How did you hear about Huntingdonshire Regional College?

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

Where did you pick up your copy of our prospectus?

Please tick here if you are happy to receive details from time to time about our latest courses and events

**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                | <input type="checkbox"/> | Autism Spectrum Conditions | <input type="checkbox"/> |
| Dyslexia                         | <input type="checkbox"/> | Dyspraxia                  | <input type="checkbox"/> |
| Severe learning difficulty       | <input type="checkbox"/> | ADHD                       | <input type="checkbox"/> |
| Hearing Impairment or Difficulty | <input type="checkbox"/> | Mental Health              | <input type="checkbox"/> |
| Dyscalculia                      | <input type="checkbox"/> | Other: Please state below  | <input type="checkbox"/> |
| Speech Impediment                | <input type="checkbox"/> |                            | <input type="checkbox"/> |

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           | <input type="checkbox"/> | Asthma or breathing difficulties   | <input type="checkbox"/> |
| Diabetes                      | <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> |
| Migraines                     | <input type="checkbox"/> | Fainting                           | <input type="checkbox"/> |
| Skin allergies e.g. eczema    | <input type="checkbox"/> | Disability affecting mobility      | <input type="checkbox"/> |
| Difficulty standing / sitting | <input type="checkbox"/> | Other physical disability          | <input type="checkbox"/> |
| Working at heights            | <input type="checkbox"/> | Other: Please state below          | <input type="checkbox"/> |
| Epilepsy                      | <input type="checkbox"/> |                                    | <input type="checkbox"/> |

**ANY OTHER INFORMATION**

Please use this space if you would like to give us any further information which may help your application. You may continue on an additional sheet if necessary.

**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: