## **Application Form** (Access to Higher Education)



If you need help completing this form please ring 01202 205680.

| PLEASE C                   | OMPLET                        | E ALL SECTIONS C       | OF THE FOR        | M IN BLOCK                                                                         | CAPITAI    | LS.              |                                           |            |          |  |  |  |  |
|----------------------------|-------------------------------|------------------------|-------------------|------------------------------------------------------------------------------------|------------|------------------|-------------------------------------------|------------|----------|--|--|--|--|
| PERSO                      | NAL DE                        | TAILS                  |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| Male                       |                               | Female                 |                   |                                                                                    |            |                  | Applicants NOT born in the United Kingdom |            |          |  |  |  |  |
| Surname:                   |                               |                        |                   | please complete this section:                                                      |            |                  |                                           |            |          |  |  |  |  |
| Forename                   | e(s):                         |                        |                   | Have you lived in the UK or other European Union/EEA country for the last 3 years? |            |                  |                                           |            |          |  |  |  |  |
| Date of birth: Age 31      |                               |                        |                   | on<br>.ug 2018:                                                                    |            | Yes              |                                           | No         |          |  |  |  |  |
|                            | for corres                    | pondence:              | Country           | Country of birth:                                                                  |            |                  |                                           |            |          |  |  |  |  |
| Address:                   |                               |                        | Your nati         | Your nationality:                                                                  |            |                  |                                           |            |          |  |  |  |  |
|                            |                               |                        | Emergen           | Emergency contact#1:                                                               |            |                  |                                           |            |          |  |  |  |  |
| Postcode:                  |                               |                        | Name:             | Name:                                                                              |            |                  |                                           |            |          |  |  |  |  |
| Telephone                  | e:                            |                        | Telephon          | Telephone:                                                                         |            |                  |                                           |            |          |  |  |  |  |
| Mobile:                    |                               |                        | Emergen           | Emergency contact#2:                                                               |            |                  |                                           |            |          |  |  |  |  |
| Email add                  | lress:                        |                        | Name:             | Name:                                                                              |            |                  |                                           |            |          |  |  |  |  |
| National Insurance Number: |                               |                        |                   |                                                                                    |            |                  | Telephone:                                |            |          |  |  |  |  |
| *Remembe                   | er to includ                  | le your National Insur | ance Number       |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| WHAT                       | WOULD                         | YOU LIKE TO            | STUDY?            |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| I wish to                  | o apply f                     | or the following A     | Access to H       | igher Educa                                                                        | ition Dipl | oma course (¡    | olease tick                               | appropriat | te box): |  |  |  |  |
|                            | ties: Busii                   |                        |                   |                                                                                    | Media      |                  |                                           |            |          |  |  |  |  |
| •                          | stuaies, Ps<br>c Science      | sychology, Sociology   |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
|                            | Profession                    | ns                     | ing               |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| Social W                   | Vork                          |                        | ess: Return to S  | Return to Study                                                                    |            |                  |                                           |            |          |  |  |  |  |
| I am uno                   | decided 8                     | & would like preli     | minary gui        | dance with                                                                         | career gu  | uidance staff    |                                           |            |          |  |  |  |  |
| * Referee                  | e name ar                     | nd address will be re  | equired.          |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
|                            |                               |                        |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
|                            |                               | SCHOOL/COLL            |                   |                                                                                    |            | _                |                                           |            |          |  |  |  |  |
|                            | ils of exams taken or pending |                        | Level<br>eg. GCE/ | Resu                                                                               | ults       | Date<br>achieved | School/College                            |            |          |  |  |  |  |
| Subject                    |                               |                        | GCSE/<br>OCN/NVQ  | Predicted                                                                          | Actual     | (if applicable)  |                                           |            |          |  |  |  |  |
| Maths/Nu                   | ımeracy                       |                        |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| English/Lit                | teracy                        |                        |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
| Any other                  | r qualificati                 | on                     |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |
|                            |                               |                        |                   |                                                                                    |            |                  |                                           |            |          |  |  |  |  |

**IMPORTANT Additional Information**Please note: The information you provide will be used when considering your application

Explain why you wish to follow an Access to HE Diploma course. Please indicate possible career destinations and provide details of career/university research undertaken. Your answer to this question will be used to assess your ability to research your choices and goals.

(A minimum of 300 words is recommended - please use separate sheet)

| EMPLOYMENT LISTORY AND MORK EXPEDIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|----------------|--|--|--|--|--|--|
| Please enter previous and present employment in date order (you may include details of voluntary work) - use separate sheet if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| needed. If you are applying for an Apprenticeship and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | e sneet               | . 11           |  |  |  |  |  |  |
| Employer's name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nat                                                      | ture of w                   | vork                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | From (date)                     | From (date) To (date) |                |  |  |  |  |  |  |
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| ADDITIONAL SUPPORT QUESTIONNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IRE                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| 1. Do you have any health or medical conditions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | 5. Do you have any mental l |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | alth issues?                    | Yes                   | No             |  |  |  |  |  |  |
| Epilepsy Diabetes Allergies Asthma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a 🔃                                                      |                             | If you answered 'Yes' to question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n 5 please give details:        |                       |                |  |  |  |  |  |  |
| Other – please give details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| 2. Do you have a disability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                      | No                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Ι                     | 1              |  |  |  |  |  |  |
| If you answered 'Yes' to question 2 please give details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 162                                                      | INO                         | 6. Is English your second lang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                             | No                    |                |  |  |  |  |  |  |
| ii you answered Tes to question 2 please give details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                             | If you answered 'Yes' to question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 please give details:          |                       |                |  |  |  |  |  |  |
| 3. Do you have a learning difference? (e.g. Dyslexia, Dyspraxia etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                                      | No                          | 7. Is there any other support you would require whilst at College?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                       | No             |  |  |  |  |  |  |
| If you answered 'Yes' to question 3 please give details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | If you answered 'Yes' to question 7 please give details: |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
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| 4. Do you have a social worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                      | No                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| or support worker?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 163                                                      |                             | 8. Do you have an Educational Health Care Plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       | No             |  |  |  |  |  |  |
| If you require additional space for any questions, please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e use                                                    | a separa                    | ate sheet of paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                       |                |  |  |  |  |  |  |
| Please declare whether you have relevant*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | conv                                                     | /ictions                    | s or current proceedings ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | aainst vou. Ye                  | s  I                  | No 🗆           |  |  |  |  |  |  |
| *If you answer yes we will contact you and ask for more details. We are only int controlled drugs or substances. If you fail to declare information it may result in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | terested i                                               | in proceedin                | ngs or criminal convictions that relate to violence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , are of a sexual nature or inv |                       |                |  |  |  |  |  |  |
| convictions if you apply for a course in Support/Teaching or Childcare.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uiscipiiri                                               | ary action bi               | ering taken against you once you have enrolled a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t the college. Tou will need t  | to decidle A          | ALL CIIIIIIIdi |  |  |  |  |  |  |
| PLEASE RETURN THIS FORM TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| ADMISSIONS, THE BOURNEMOUTH & POOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       | 201/           |  |  |  |  |  |  |
| The College Admissions team will acknowledge receipt of your application form (usually within 5 working days). If you have any queries regarding the progress of your application please contact Admissions on 01202 205680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| All personal information that Bournemouth & Poole College holds is processed in accordance with current UK data protection legislation. The College is the data controller and contact details for our data protection officer can be found on our website HYPERLINK "http://www.thecollege.co.uk" www.thecollege.co.uk. The information you provide on this form will be used for providing the services outlined in this document. Your data may be shared with other public bodies for purposes of funding and regulatory compliance. We will contact you where necessary in order to provide the service detailed in this document. For more information about how we use your data, please see our full privacy notice at HYPERLINK "http://www.thecollege.co.uk/privacy-notice" www.thecollege.co.uk/ |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| privacy-notice  The College is committed to equal opportunities. See our Equality and Diversity policy on The College website for more details. We may contact any recent education provider to request information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
| By signing this document you agree that your personal information can be processed and used in this way.  I confirm I have read the College Terms and Conditions and College Payment Policy. These can be found online - the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                       |                |  |  |  |  |  |  |
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| DECLARATION  Leanfirm that to the best of my knowledge the inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mation                                                   | o divon                     | on this form is correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                       |                |  |  |  |  |  |  |
| I confirm that to the best of my knowledge the information Signature of applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ııdllOr                                                  | i given o                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                           |                       |                |  |  |  |  |  |  |
| Signature or applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                             | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vate.                           |                       |                |  |  |  |  |  |  |