

Part time Application Form



STUDENT ID (FOR OFFICE USE ONLY)

If you need help completing this form please ring 01202 205205.

PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS.

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1. PERSONAL DETAILS

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Applicants NOT born in the United Kingdom please complete this section:	
Surname:		Country of birth:	
Forename(s):		Your nationality:	
Date of birth:		Have you lived in the UK or other European Union/EEA country for the last 3 years?	
Address:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Postcode:		Emergency contact:	
Telephone:	Mobile:	Name:	
Email address:		Telephone:	

2. COURSES APPLIED FOR

Course Title:	
Course Code:	Start Date:

3. ADDITIONAL SUPPORT QUESTIONS

1. Do you have any health or medical conditions? Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Do you carry an epipen? Yes <input type="checkbox"/> No <input type="checkbox"/> Other – please give details:	5. Do you have any mental health issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 5 please give details:
2. Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 2 please give details:	6. Is English your second language? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 6 please give details:
3. Do you have a learning difference? (e.g. Dyslexia, Dyspraxia etc) Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 3 please give details:	7. Is there any other support you would require whilst at College (e.g. extra exam time, extra classes etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered 'Yes' to question 7 please give details:
4. Do you have a social worker or support worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Do you have an Educational Health Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>

4. ADVICE & GUIDANCE

If you would like to speak to an advisor about your application please tick here

5. DECLARATION

Please declare whether you have relevant* convictions or current proceedings against you. Yes No

*If you answer yes we will contact you and ask for more details. We are only interested in proceedings or criminal convictions that relate to violence, are of a sexual nature or involve unlawfully supplying controlled drugs or substances. If you fail to declare information it may result in disciplinary action being taken against you once you have enrolled at the college. You will need to declare ALL criminal convictions if you apply for a course in Support/Teaching or Childcare.

I confirm that to the best of my knowledge the information given on this form is correct.

Signature: _____ Date: _____

I confirm I have read the College Terms and Conditions and College Payment Policy. These can be found online - thecollege.co.uk/policy

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 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 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.

