

SURNAME _____ TITLE (Mr/Mrs/Miss/Ms) _____

FORENAMES _____ DATE OF BIRTH _____

Permanent Address

Postcode _____

Nationality _____ Country of Residence (for last 3 years) _____

If in UK less than 3 years please state date of entry _____

National Insurance Number _____

Home No _____ Work No _____ Mob No _____

Email Address _____

Emergency contact name and number _____

(Please only include the name and number of someone who has agreed to you giving us their details and who understands we will hold and only use that information in the event of an emergency during your time on the course)

Ethnic Origins:

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any Other White Background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

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

Do you have a disability, health problem or learning difficulty? Yes No

(If YES please tick all that apply to you – if you have ticked more than one please **circle** the one that you think has the most impact on your learning)

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other medical condition |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | (eg epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Speech, language and communication needs | |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other disability: _____ | |

* Please tick box and provide further details: _____

If you have an EHCP (Education Health Care Plan) please tick the box

Please list any support needs that you have in order to be able to attend an interview (e.g. wheelchair user)

Please indicate your highest FULL level of qualification:

Examples of FULL level qualifications are indicated below – for further information/detailed list go to this page on our website: <https://www.andover.ac.uk/information/apply/>

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> NVQ Level 1
GCSE/O Level
(grades D-G) | <input type="checkbox"/> NVQ Level 2
5 + GCSEs/O Levels
(grades A*-C)
First Diploma
C&G National Certificate | <input type="checkbox"/> NVQ Level 3
A Levels/AS Levels
BTEC Nationals
C&G Advanced National
Certificate | <input type="checkbox"/> NVQ Level 4
BTEC HNC | <input type="checkbox"/> NVQ Level 5
BTEC HND
Foundation Degree |
| <input type="checkbox"/> Level 6
First Degree | <input type="checkbox"/> Level 7
PGCE, MA, PhD
Other postgraduate qualification | <input type="checkbox"/> No qualification | <input type="checkbox"/> Other (please state) _____ | |

Employment status prior to starting the course:

Please tick the employment status that applies to you and then tick number of hours worked and number of months employed for.		✓ (tick)
Paid Employment		
Self Employed		
Hours	0-10 hours per week	
	11-20 hours per week	
	21-30 hours per week	
	31+ hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	

Not in Paid Employment (please tick looking or not looking for work and how long you have been unemployed)		✓ (tick)
Looking for work and available to start work		
Not looking for work and/or not available to start work		
How long?	Less than 6 months	
	6-11 months	
	12-23 months	
	24-35 months	
	36 months or more	

Business Name (voluntary): _____

Email (voluntary): _____

Postcode (voluntary): _____

Just before you start your course at Andover College, will you have been in full-time education or training?

 Yes No

Are you studying any other courses at another College/Educational establishment from September 2018?

 Yes No

If YES, please give details of the course and College: _____

Household Situation:

If you are over 19 years old or on an apprenticeship or traineeship programme the government has requested that all colleges collect some information about your household situation. Please tick as appropriate.

If you do not tick one of the boxes below we will not be able to process your course application form.

Note that more than one may apply. (Adult means 18 or over. Dependent child means under 18 or 18-24 full-time student/not working)

- No household member (including me) is in employment and the household includes one or more dependent children
- No household member (including me) is in employment and the household does not include any dependent children
- I live in a single adult household with dependent children
- Prefer not to say
- None of these statements apply

Do you have any unspent criminal convictions? Yes No If 'yes' please give more details: _____

The College is keen to support students to help them succeed and having a criminal conviction will not necessarily prevent you from enrolling on one of our courses. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- No religion Christian (all denominations) Buddhist Hindu Jewish
- Muslim Sikh Any other religion: _____

Sexual Orientation: (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- Heterosexual Lesbian/Gay Bisexual Other Prefer not to say

Please indicate where you first heard of the College:

- Taster Day Word of Mouth Outdoor Banner
- School Event Twitter / Facebook Radio
- Careers Fair Google Advert Newspaper
- Teacher / School Bus Advert Train Station
- Careers Adviser Other - Please specify: _____

COURSE DETAILS:

Course Title	Course Code	Start Date	End Date	Fee
Total Paid				

Fee Remission Application – if this doesn't apply to you move to the Payment Method section on next page

If you are over 19 and in one of the groups listed below and the course you are applying for is available for fee remission (see prospectus 19+ Funding Key for details of eligible courses or contact Admissions team), you may not have to pay tuition or examination fees. You will need to supply supporting documentation, as appropriate. Please read the categories below and if any apply to you, please tick the appropriate box. Please note that you will be liable for tuition fees until we have confirmed your eligibility to receive Fee Remission.

Age on 31/8/18: _____

For Entry, Level 1 & 2 courses (tick if any apply to you)

- Unemployed in receipt of Job Seekers Allowance (JSA) including receipt of National Insurance credits only
- In receipt of Employment Support Allowance (ESA) and are in the work related activity group (WRAG)
- In receipt of Universal Credit earning less than £338 (indiv claim) or £541 (household claim) a month and either in All Work-Related Requirement, Work Preparation or Work-Focused Group as confirmed by Jobcentre Plus
- Earn less than £15,736.50 annual gross salary – *we will need to see valid evidence i.e. wage slips that are within 3 months of your course start date and a copy of your Contract of Employment.*
- In receipt of 'other' state benefits and either not employed but want to be employed or employed and earning less than £338 (indiv claim) or £541 (household claim) a month and you can demonstrate that the course you are applying for is going to help you get a job or improve your current employment situation; by ticking this box and signing this form you are confirming that you wish to enter employment or progress in employment and require the skills of this course to do so. *Please note this is at the discretion of the College – please contact Admissions team for more details.*
- Aged 19 - 23 applying for your first FULL Level 2 qualification (e.g. you don't already have 5 GCSEs, grades A*-C or grade 4 or higher, Level 2 Certificate, Diploma etc.) refer to www.andover.ac.uk/information/apply/ for full list of L2 or equivalent qualifications; by ticking this box and signing this form you are confirming that you do not already have a **FULL** Level 2 qualification and give permission for the College to view your PLR (Personal Learning Record) held by the Learner Records Service. The College is required to carry out checks on your prior qualifications.
- Aged 19 - 24 with learning difficulties and you have an Education, Health and Care Plan (EHCP). We will require a copy of your plan.
- Applying for English and/or Maths course and do not already hold A*-C or Grade 4 or higher.

For Level 3 courses (tick if any apply to you)

- Aged 19 - 23 applying for your first FULL Level 3 qualification (e.g. you don't already have a Level 3 Certificate, Subsidiary Diploma, Diploma, Extended Diploma, 2 A Levels, 4 AS Levels etc.) refer to www.andover.ac.uk/information/apply/ for full list of Full L3 or equivalent qualifications; by ticking this box and signing this form you are confirming that you do not already have a **FULL** Level 3 qualification and give permission for the College to view your PLR (Personal Learning Record) held by the Learner Records Service. The College is required to carry out checks on your prior qualifications.
- Aged 19 - 24 with learning difficulties and you have an Education, Health and Care Plan (EHCP). We will require a copy of your plan.

Payment Method:

- I am paying my own fees (Please complete attached payment form)
- My employer is paying
- I am applying for Fee Remission (please make sure you have completed the section on the previous page)
- I am applying for an advanced learning loan *

* If you have ticked this box we will send you an application pack/details on how to apply for a Loan

Employer details - Only complete this section if your employer is to be invoiced

Employer Name: _____ Purchase Order Number: _____

Address: _____

Postcode: _____ Telephone number: _____

Employer signature: _____ Position in the company: _____

Data Privacy Notice

To find out how your personal information is used, please refer to the full version of the Privacy Notice available on our website at www.sparsholt.ac.uk. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. You can agree to be contacted for other purposes by ticking any of the following boxes on either your application/enrolment or learning agreement form if you wish to be contacted:

- about courses or learning opportunities for surveys and research

If you have ticked one or both of the boxes above, please now tick to confirm your preferred method(s) of contact:

- by post by phone (including text messages) by email

We may wish to communicate with you directly once you have completed your programme of learning if we have opportunities that we think may interest you, if you'd like to be contacted please tick any of the boxes below.

I wish to be contacted by the College:

- about courses or learning opportunities for surveys and research

Learning Agreement information and advice:

Information and advice should satisfy you in the following key areas:

- The implications of doing your course
- The entry requirements for doing your course
- A check to see if you had any previous experience or qualifications that could be counted towards your course
- A check to see whether you require any additional support (practical, tutor or financial)
- A check to see that the course is suitable for your requirements

By signing this form you agree to the following:

- I certify that the information provided on this form is correct
- I have read and fully understand the booking conditions
- The recording and processing of personal data as outlined in the College Data Protection policy and Privacy Notice both available on our website at www.andover.ac.uk
- I agree to abide by the College rules and regulations and pay all fees due
- The information and advice I received adequately covered the broad areas set out under Learning Agreement information and advice

Please sign declaration below

Declaration

I confirm that all the information on this form is correct and I understand that if I have declared false information relating to Tuition Fee Remission, the provider may take action against me to reclaim the tuition fees and any support costs provided.

Signed (Student) _____ Date: _____

Signed (College) _____ Date: _____

When complete please forward to: Part-time Courses, Admissions, Andover College, Charlton Road, Andover, Hampshire SP10 1EJ

Tel : 01264 360031 Email: courses@andover.ac.uk

PLEASE NOTE THIS FORM IS CORRECT AT THE TIME OF GOING TO PRINT BUT IS DEPENDENT ON GOVERNMENT LEGISLATION AND IS SUBJECT TO CHANGE.

This activity is part-financed by the European Union.



Student name - Student ID - Course -

2018/2019 FE Part-Time and Short Course Payment Form

Financial Guarantor *(This section must be completed)*

Sparsholt College requires that where a student is under 18 or between 18-24 and not financially independent, the parent/guardian of that student will act as financial guarantor and be responsible for all costs incurred by that student including transport and/or accommodation. Where a student is over 25 or between 18-24 and financially independent they will be held responsible for any costs incurred whilst at the College. Please ensure you have read and understood our Cancellation, Withdrawal and Refund policies, which can be found on our website – www.sparsholt.ac.uk.

Please be aware that if you do not keep up with payments your account may be passed to the College's debt collection agency. The College's Data Privacy Statement for Finance-Debtors can be found on our website and gives details of how we use your personal information.

I am the parent/guardian and agree to act as financial guarantor for the above named student.

OR

I, the above named student, am aged 25 or over/or am over 18 and financially independent (please delete as appropriate)

Title Mr/Mrs/Miss/Ms/Dr/Rev/Other.....**Forename**.....**Surname**.....

Address.....**Telephone number**.....

Signature.....**Date**.....**Relationship to Student**.....

Payment method *(Please note any payment instructions relating to previous years cannot be carried forward)*

Course fees £..... Registration/ Exam Fees £..... Other Fees £.....

Course length - 10 days or less

Option 1 Payment in full – Payment will be collected in full on acceptance of your course

Please complete your credit/debit card details over leaf.

Courses length – more than 10 days

Option 1 Advanced Learner Loan - I will be applying for an Advanced Learner Loan

Please note if your loan has not been approved by the start of your course you will be required to make a 10% payment and set up an instalment plan, once approved a refund will be issued and the plan cancelled.

Option 2 Payment in full – Payment will be collected in full on acceptance of your course

Please complete your credit/debit card details over leaf.

Option 3 Payment by instalments – A 10% payment will be collected on acceptance of your course and an instalment plan set up to collect the remaining balance over the duration of your course.

Please complete your credit/debit card and bank details over leaf.

Please note direct debit instalment payments are collected on the 5th of each month, card instalment payments are collected on the 1st of each month.

You will receive an advice letter confirming the dates and amounts of the instalments prior to any payments being collected.

Payer details

Payer nameAddress.....
Postcode.....
 Telephone number..... Mobile number.....
 Email address.....

Direct Debit instalments



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Sparsholt College Hampshire
 Sparsholt
 Winchester
 Hampshire
 SO21 2NF

Name(s) of Account Holder(s)

Originators Identification Number

6	8	9	1	8	9
---	---	---	---	---	---

Reference Number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Sparsholt College Hampshire Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Sparsholt College Hampshire and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Sparsholt College Hampshire will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Sparsholt College Hampshire to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Sparsholt College Hampshire or you bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Sparsholt College Hampshire asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

A4 Instruction Version 2

Card instalments

Name of Cardholder (CAPITAL letters please)		Card Number	
Valid From Date MM/YY	Expiry Date MM/YY	Security No. (last 3 digits)	Issue No (Switch only)

Print name (Mr/Mrs/Miss/Ms/Dr/Prof/Rev/Other)..... Date.....

Signature of Cardholder.....Contact Telephone Number.....