

2018/2019 FULL-TIME COURSE APPLICATION FORM

Applicants should supply relevant information on ALL sides of this form. **FULL NAME, NATIONALITY, DATE OF BIRTH AND COUNTRY OF RESIDENCE ARE ESSENTIAL FOR OUR RECORDS (Please complete in BLOCK CAPITALS)**

SURNAME: _____ Mr Mrs Ms Miss Other: _____

FORENAMES: _____ DATE OF BIRTH: _____

NI Number: _____ Unique Learner Number (if known) _____

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

If less than 3 years please state date of entry to UK/EU: _____

Permanent Address: _____

_____ Post Code: _____

Tel. No. - Home: _____ Own Mobile: _____

Email: _____

Next of Kin / Emergency Contact: Name: _____ Relationship: _____

Tel No. - Home: _____ Work / Mobile: _____

Email: _____

Please tick category closest to your ethnic background - this is not nationality

- | | | |
|---|--|--|
| White | Mixed / Multiple ethnic groups | Asian / Asian British |
| <input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> 35 White and Black Caribbean | <input type="checkbox"/> 39 Indian |
| <input type="checkbox"/> 32 Irish | <input type="checkbox"/> 36 White and Black African | <input type="checkbox"/> 40 Pakistani |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller | <input type="checkbox"/> 37 White and Asian | <input type="checkbox"/> 41 Bangladeshi |
| <input type="checkbox"/> 34 Any Other White Background | <input type="checkbox"/> 38 Any other Mixed / Multiple Ethnic Background | <input type="checkbox"/> 42 Chinese |
| | | <input type="checkbox"/> 43 Any other Asian Background |
| Black / African / Caribbean / Black British | Other ethnic group | |
| <input type="checkbox"/> 44 African | <input type="checkbox"/> 47 Arab | |
| <input type="checkbox"/> 45 Caribbean | <input type="checkbox"/> 98 Any other Ethnic Group | |
| <input type="checkbox"/> 46 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 (eg epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | |
| <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)

Would you like a member of the Learner Support Team to contact you? Yes No

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 taking up a place at Andover College. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (this question is voluntary)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Any other religion: _____ | | <input type="checkbox"/> Prefer not to say | |

Sexual Orientation: (this question is voluntary)

- Heterosexual/Straight Lesbian/Gay Bisexual Other Prefer not to say

Please indicate where you first heard of the College:

- | | | |
|--|---|--|
| <input type="checkbox"/> Taster Day | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Outdoor Banner |
| <input type="checkbox"/> School Event | <input type="checkbox"/> Twitter / Facebook | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> Industry Contact | <input type="checkbox"/> Previous Course |
| <input type="checkbox"/> Careers Fair | <input type="checkbox"/> Google Advert | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Teacher / School | <input type="checkbox"/> Bus Advert | <input type="checkbox"/> Train Station |
| <input type="checkbox"/> Careers Adviser | <input type="checkbox"/> Exhibition / Show | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other - Please specify: _____ | | |

Employment status prior to starting the course:

Paid Employment (please tick hours, employed for and if applicable self-employed)		<input type="checkbox"/> (tick)
Hours	Less than 16 per week	
	16 -19 hours per week	
	20 or more hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	
Self Employed		

Not in Paid Employment (please tick looking or not looking for work and how long you have been unemployed)		<input type="checkbox"/> (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 month	
	36 months or more	

Employer Name: _____

Address: _____

Postcode: _____

Just before you start your course at Andover College, will you have been in full-time education or training? Yes No

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.andover.ac.uk. In addition, you may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further education. 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. For other purposes you can choose to 'opt in' if you wish to be contacted by ticking any of the following boxes:

- about courses or learning opportunities for surveys or 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

If you will be aged 19 or over on 31.08.2018, 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) _____ | |

Referees

Please give full names and address as a reference will be sent for prior to interview unless otherwise requested.

We require the last school or college attended (if within the last five years) or for all others we require a current/most recent employer/work provider or other personal referee (not a relative).

Name of School/College OR Employer/
Work Provider/Personal Referee _____

Name of Tutor/Teacher/Referee _____

Address _____

_____ Post code _____

Occupation _____

OFFICE USE ONLY *sent:* _____ *received*

Declaration:

To be signed by student and also by parent/guardian if the student is under 19 years of age and receiving parental support (that is living at home).

I certify that the information provided on this form is correct and I hereby apply for admission to Andover College.

Signed _____ (Student) Date _____

Signed _____ (Parent / Guardian) Date _____

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

Tel: 01264 360030 Email: info@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.

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