



2013/2014 PART-TIME HE COURSE APPLICATION FORM

Applicants should supply relevant information on BOTH sides of this form.

FULL NAME, NATIONALITY, DATE OF BIRTH AND COUNTRY OF RESIDENCE ARE ESSENTIAL FOR OUR RECORDS
(Please complete in BLOCK CAPITALS)



Please indicate which year you plan to start your course **Sept. 2013** **Sept. 2014**

SURNAME: _____ Mr Mrs Ms Miss Other: _____

FORENAMES: _____ **DATE OF BIRTH:** _____

National Insurance Number: _____ **Nationality:** _____

Country of Residence (for last 3 years): _____ If less than 3 years please advise date of entry to UK: _____

Permanent Address: _____

_____ Post Code: _____

Tel. No. - Home: _____ Work/mobile: _____ Email: _____

Emergency contact: Name: _____ Telephone: _____

White

- 31. English / Welsh / Scottish / Northern Irish / British
- 32. Irish
- 33. Gypsy or Irish Traveller
- 34 Any Other White Background

Asian / Asian British

- 39. Indian
- 40. Pakistani
- 41. Bangladeshi
- 42. Chinese
- 43 Any other Asian background

Mixed / Multiple ethnic groups

- 35. White and Black Caribbean
- 36. White and Black African
- 37. White and Asian
- 38 Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

- 44. African
- 45. Caribbean
- 46 Any other Black / African / Caribbean background

Other ethnic group

- 47. Arab
- 98 Any other ethnic group

Do you have a disability and/or medical condition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' please indicate:
<input type="checkbox"/> visual impairment (01)(excluding glasses)	<input type="checkbox"/> hearing impairment (02)			<input type="checkbox"/> disability affecting mobility (03)
<input type="checkbox"/> other physical disability*(04)	<input type="checkbox"/> other medical condition* (05) (e.g. epilepsy, asthma, diabetes)			<input type="checkbox"/> emotional/behavioural difficulties (06)
<input type="checkbox"/> mental ill health (07)	<input type="checkbox"/> temporary disability after illness (08) (e.g. post viral) or accident			<input type="checkbox"/> profound/complex disabilities* (09)
<input type="checkbox"/> aspergers syndrome (10)	<input type="checkbox"/> multiple disabilities* (90)			<input type="checkbox"/> other* (97)

* Please tick box and provide further details: _____

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

Do you have a learning difficulty?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' please indicate:
<input type="checkbox"/> moderate learning difficulty (01)	<input type="checkbox"/> severe learning difficulty (02)			<input type="checkbox"/> dyslexia (10)
<input type="checkbox"/> dyscalculia (11)	<input type="checkbox"/> other specific learning difficulty (19)			<input type="checkbox"/> autism spectrum disorder (20)
<input type="checkbox"/> multiple learning difficulties (90)	<input type="checkbox"/> other (97)			

If you need advice or guidance regarding disability or learning difficulty, contact the Learning Manager for Additional Learning Support on: 01962 797211

Please indicate where you first heard of Sparsholt College:

<input type="checkbox"/> Exhibition / Show (1)	<input type="checkbox"/> Local Radio (2)	<input type="checkbox"/> School visit (3)
<input type="checkbox"/> Career office (4)	<input type="checkbox"/> Careers event / talk (5)	<input type="checkbox"/> Contacts at home (6)
<input type="checkbox"/> Friends (7)	<input type="checkbox"/> Work experience (8)	<input type="checkbox"/> Industry contact (9)
<input type="checkbox"/> Sparsholt Open Day (10)	<input type="checkbox"/> Newspaper / Magazine (11)	<input type="checkbox"/> Previous course (12)
<input type="checkbox"/> Web site (13)	<input type="checkbox"/> Other - Please specify	
<input type="checkbox"/> I do not wish to receive information from Sparsholt College unless it is directly associated with courses relevant to my programme of study		
<input type="checkbox"/> I do not wish to be contacted by organisations other than Sparsholt College		

COURSE DETAILS: Please use this form for HE courses only; NOT Further Education or Short Courses.

Course applying for: _____

For office use only: Interview date: _____



If you believe that your previous qualifications and experience could provide credit towards the programme you have applied for please tick

Last educational establishment attended: _____ From: _____ To: _____

Educational qualifications (please give as much information as possible including any qualifications for which results are not yet known):

Awarding Body e.g. BTEC, City & Guilds	Type/level e.g. GCSE, A level	SUBJECT	Grade (or predicted grade)	Date Awarded (month/year)

Relevant Professional Experience / Information:

Referees - Please give **2 x full names and addresses** as references may be requested.
 We require your current or recent employer/work provider plus one other personal referee.

Name of Employer/Work Provider/Personal Referee	Name of Employer/Work Provider/Personal Referee
Name of referee if different	Name of referee if different
Address	Address
Post code	Post code
Occupation	Occupation
OFFICE USE ONLY <i>sent:</i>	<i>received</i> <input type="checkbox"/>
	<i>sent:</i>
	<i>received</i> <input type="checkbox"/>

Declaration:
 I certify that the information provided on this form is correct and I hereby apply for admission to Sparsholt College Hampshire.

Signed _____ (Student) Date _____

When complete please forward to:

For courses at Sparsholt Part-time Courses, Admissions, Sparsholt College Hampshire, Winchester, SO21 2NF
 Tel: 01962 797213 email: courses@sparsholt.ac.uk

For courses at Andover Part-time Courses, Admissions, Andover College, Charlton Road, Andover SP10 1EJ
 Tel: 01264 360022 email: courses@andovercollege.ac.uk