

PART TIME APPLICATION FORM 2009-2010 (Further Education Only)

Completed forms should be returned to:

**THE COLLEGE ADMISSIONS CENTRE,
THE ISLE OF WIGHT COLLEGE,
MEDINA WAY,
NEWPORT,
ISLE OF WIGHT, PO30 5TA**

Telephone: Admissions (01983) 535213



ISLE OF
**The wight
College**

Office Use Only

Date Rec'd _____

Application Code _____

Student Ref. No. _____

PLEASE ENSURE THE CORRECT POSTAGE IS USED OTHERWISE THE POST OFFICE WILL NOT DELIVER THE ENVELOPE

Please complete ALL relevant sections on this form or we may not be able to process your application.

If you have special requirements and need help to complete this form please phone Admissions.

Please indicate below your subject choice.

Course Title or Subject _____

Surname / Family Name (Please Print) _____ First Name(s) (Please Print) _____ Date of Birth _____ / _____ / 19

Title _____ Gender Male Female Nationality _____ Age at 31 / 08 / 2009 _____

I am / will be aged between 16 and 18 and am living away from home have a support worker

If you are / will be over 19 on 31 August 2009 you are responsible for all fees and costs for your course. Please contact Student Services (01983 550581) to see what support may be available to you.

Current Address (Please Print)

Postcode _____
Tel No. (Day) _____
Mobile _____
Email Address _____

Have you been a resident of the UK / EU for the last 3 years (not with a student visa) YES NO

If YES give country of residence (ie England, Wales, France etc) _____

If NO state country of residence _____

If NO state UK entry date _____

How would you describe your Ethnic Origin? (Please Tick)

- | | |
|--|---|
| Asian or Asian British | Multi-Racial |
| 11 <input type="checkbox"/> Bangladeshi | 19 <input type="checkbox"/> White and Asian |
| 12 <input type="checkbox"/> Indian | 20 <input type="checkbox"/> White and Black African |
| 13 <input type="checkbox"/> Pakistani | 21 <input type="checkbox"/> White and Black Caribbean |
| 14 <input type="checkbox"/> Any other Asian Background | 22 <input type="checkbox"/> Any other Multi-racial Background |
| Black or Black British | White |
| 15 <input type="checkbox"/> African | 23 <input type="checkbox"/> British |
| 16 <input type="checkbox"/> Caribbean | 24 <input type="checkbox"/> Irish |
| 17 <input type="checkbox"/> Any Other Black Background | 25 <input type="checkbox"/> Any other White Background |
| 18 <input type="checkbox"/> Chinese | 98 <input type="checkbox"/> Any other |

National Insurance Number

Person to contact in case of any emergency (If under 19 this should be next of kin)

Name _____
Relationship _____ Tel No. _____
Address _____

Postcode _____

Please seek advice before completing the section below

Do you have a disability and / or health condition? YES NO

If yes please indicate below –

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment (excluding glasses) | <input type="checkbox"/> Emotional / behavioural difficulties |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mental ill health |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Temporary disability after illness (e.g. post viral or accident) |
| <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Profound / complex disabilities |
| <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> Multiple disabilities |

Other Please tick box and provide further details below:

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 NO

If yes please indicate below –

- | | |
|---|---|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Multiple learning difficulties |

If you need advice or guidance regarding disability or learning difficulty, please contact the Learning Support 01983 550831

English is not my first language and I may need support for my studies. YES

My first language is _____

Have you had a career guidance interview in the last 12 months? YES NO Date of Career Interview _____

Connexions Personal Adviser High School Teacher Adult Career Guidance Specialist (e.g. NextSteps) Other

Do you have a Moving On Plan (S140)? If yes, please send a copy with this form. YES NO

LAST EDUCATIONAL ESTABLISHMENT ATTENDED:

Are you currently attending The Isle of Wight College? YES NO

If yes please state course title -

Are you currently attending High School, other training provider or are home educated YES NO

If yes please state school / training provider here-

Examinations and Qualifications. List, in date order, all the examinations you have taken (whatever the results) and the qualifications you have gained. Include examinations that have yet to be taken and any predicted grades, if none gained please write NONE across the columns.

Subject	Level e.g. GCSE, A Level, NVQ / 1st Diploma	School / College / Training Provider where exam was taken	Year of Examination on	Grades (Predicted Grades)	Results (Achieved Results)
<i>Example: Maths</i>	<i>GCSE</i>	<i>Cowes High School</i>	<i>2003</i>	<i>C</i>	<i>B</i>

Employment, Training Scheme or Work Experience. (Last 2 years only). Please give details below. If you are over 19 you may wish to attach further details on a separate sheet.

Job Title / Description	Name of Company / Business	From	To	Full / Part Time

Referees: Please give full names and addresses.

Name

Address

Postcode

Occupation

Name

Address

Postcode

Occupation

OFFICE USE ONLY: Sent: Received:

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Photographs / video recordings of student activities: As indicated please tick the adjacent box if you do not wish to appear as a subject in photographs / video images in college marketing / publicity materials.

Declaration to be signed by the student and also by the parent / carer / or other adult. (e.g. Support Worker) if the student is under 18 years of age and receiving parental support (i.e. living at home).

I certify that the details provided in this form are, to the best of my knowledge, correct.

Signature of Applicant

Signature of Parent / Carer

Date

Date

DATA PROTECTION To assist with the internal registration process some of the personal data supplied on this Application Form will be entered on computer records. At all times, use of the data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.

INFORMATION, ADVICE AND GUIDANCE

FINANCIAL SUPPORT

Contact the College Student Welfare & Finance Officer on 550581 should you or your parent(s) require advice or guidance regarding funding your course.

LEARNING SUPPORT

Contact the Learning Support Team for any queries related to your individual needs to support your attendance at College on 01983 550831.

CAREERS ADVICE AND COURSE INFORMATION

Contact us on 01983 535210 for a career appointment or specific course information.

ADMISSIONS

Contact us on 01983 535213 for progress of your application.



FOR COLLEGE OFFICE USE ONLY ADMISSIONS ASSESSMENT NOTES (for the attention of the Interviewing Lecturer/s)	FOR ADMINISTRATORS USE ONLY
<input type="text"/>	<input type="text"/>

Updated Nov 08