

# APPLICATION FORM

This form is in an interactive format and can be filled in using a computer. If you are completing the form by hand please use BLOCK CAPITALS and black ink. Once the Application Form has been completed in can be printed, saved or submitted via email using the buttons on the last page of the form. If posting is your preference, please send to Student Services, FREEPOST SF1007, North Notts College, Carlton Road, Worksop. S81 7HP.

If you need assistance with any aspect of your application or in the completion of this form, or you require this form in a different format eg Braille, other languages, large print etc please contact Student Services at the College on 01909 504500.

Student ID \_\_\_\_\_  
 ULN \_\_\_\_\_  
 Course Code \_\_\_\_\_  
 Session Code \_\_\_\_\_

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (DD / MM / YYYY) \_\_\_\_\_ National Insurance No \_\_\_\_\_ Male  Female

Permanent Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Nationality \_\_\_\_\_ What is your first language? \_\_\_\_\_

Have you lived in the UK or other European Union Country for the whole of the last 3 years? Yes  No

Have you studied at NNC before? Yes  No

Are you applying for a : Full time course?  Part time / evening course?  Work Based Learning with day release /Apprenticeship?

First choice course title \_\_\_\_\_

Second choice course title \_\_\_\_\_

If you would like to study other courses or subjects in addition to your main choice please give details

Subject	Level
_____	_____
_____	_____
_____	_____
_____	_____

## For College use only

Logged	Info sent on:	Screened By:
Scanned	Transport	Guidance
Ack Ltr	SSF	ALS
School Ref: (16/18)	EMA	Joint
	Skills Acc	Mentors
	Nursery	PA
		Connexions

Details of Assessment/Interview  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Why do you want to join this course? Please give any further information that may support your application including leisure interests and career aim.

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How did you hear about the course? Please tick whichever of the boxes apply ✓

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> Connexions                     | <input type="checkbox"/> Visiting college / Open day |
| <input type="checkbox"/> Telephone enquiry | <input type="checkbox"/> Employer                       | <input type="checkbox"/> College leaflet / Directory |
| <input type="checkbox"/> Through school    | <input type="checkbox"/> Newspaper advert (List below)  | <input type="checkbox"/> Website                     |
| <input type="checkbox"/> Radio             | <input type="checkbox"/> Other – (Please specify) _____ |  |

Do you require any special arrangements for your interview? If yes what are these requirements? Yes  No

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Do you have any medical conditions that may affect your choices?\* If yes, please provide details Yes  No

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Please tick whichever of these boxes apply ✓ Do you consider yourself to have a disability?  Yes  No (98)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Visual impairment (01)   | <input type="checkbox"/> Deaf/hard of hearing (02)                                       | <input type="checkbox"/> Disability affecting mobility (03) |
| <input type="checkbox"/> Other physical disability (04)   | <input type="checkbox"/> Medical condition (for example epilepsy, asthma, diabetes) (05) | <input type="checkbox"/> Profound complex disabilities (09) |
| <input type="checkbox"/> Emotional/behavioural difficulties (06)                                      | <input type="checkbox"/> Mental health difficulty (07)                                   | <input type="checkbox"/> Aspergers syndrome (10)            |
| <input type="checkbox"/> Temporary disability after illness (for example post viral or accident) (08) | <input type="checkbox"/> Other – please specify below (97)                               | <input type="checkbox"/> Multiple disabilities (90)         |

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Please tick whichever of these boxes apply ✓ Do you consider yourself to have a learning difficulty?  Yes  No (98)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Moderate learning difficulty (01)       | <input type="checkbox"/> Severe learning difficulty (02)   | <input type="checkbox"/> Autism spectrum disorder (20)       |
| <input type="checkbox"/> Dyslexia (10)                           | <input type="checkbox"/> Dyscalculia (11)                  | <input type="checkbox"/> Multiple learning difficulties (90) |
| <input type="checkbox"/> Other specific learning difficulty (19) | <input type="checkbox"/> Other – please specify below (97) |  |

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Please tick whichever of these boxes apply ✓ Your Ethnic Origin.

**Asian/Asian British**

- Bangladeshi (11)
- Pakistani (13)
- Indian (12)
- Other (22)

**Mixed**

- White/Asian (19)
- White/Black Caribbean (21)
- White/Black African (20)

**White**

- British (23)
- Irish (24)
- Other (25)

**Black/Black British**

- African (15)
- Caribbean (16)
- Other (17)

**Chinese/Other Ethnic Groups**

- Chinese (18)
- Other Ethnic Groups (14)

Any other not listed above

You may be able to claim financial assistance from our Student Support Fund for course fees, travel costs, childcare and essential course requirements if you meet eligibility criteria. For more information call Student Services on **01909 504500**.

Please tick the box if you would like more information about : ✓

- Childcare Support
- Financial Support
- English Language Support
- Careers Advice
- Adult Skills Account
- Day Nursery
- Mentoring and Counselling
- Help with mobility
- Personal care in class
- Additional Learning Support

How do you intend to travel to College?:

- Walk
- Bicycle
- Combination
- Bus
- Moped/Motorcycle
- Other \_\_\_\_\_
- Train
- Car

If you are in receipt of Disability Living Allowance, with mobility component and aged 21 or under on the 1st September of your enrolling year, you can apply for travel assistance through North Nottinghamshire County Council Special Transport scheme. Please indicate if you require an application form.

**Thank you for applying for a course at North Nottinghamshire College**

Application forms will be acknowledged within five working days.

If you need assistance with any aspect of your application or in the completion of this form, or you require this form in a different format eg Braille, other languages, large print etc please contact Student Services at the College on **01909 504500**.

I declare the information given in this form is correct. I undertake, if accepted on a course at the College, to abide by College regulations. The information you provide on this form is protected under the Data Protection Act 1998. The information may be shared with other organisations for the purpose of administration, careers guidance, statistical and research purposes. Further information may be found at [www.lsc.gov.uk](http://www.lsc.gov.uk) or by contacting Student Services. **Tick to agree**

Name

Date

**For some courses and careers, you may need to complete a Criminal Records Bureau check.**

To discuss in confidence how a record could affect your choice(s), please tick here.