

Full-time Application Form 2011/2012

Please use a black or blue ball point pen, write in BLOCK CAPITALS and complete both pages of the form. If you need any help in completing this form, please contact the Admissions team.

FOR OFFICE USE ONLY

Received: Acknowledged: College Reference:

Title: Mr / Mrs / Miss / Ms / Other (please circle)

Family Name: **Forenames:**

Date of Birth: **Female** **Male**

Address:
.....
..... **Postcode:**

Email Address:

Telephone (Home): **Telephone (Mobile):**

Country of Birth: **Nationality:** **First Language:**

Have you been resident in this country or in the EU for the last 3 years? **Yes** **No**

Where did you first hear about Stratford-upon-Avon College?

Course for which you are applying - please enter full title (as in prospectus).

If your choice is A Levels, please indicate your preferred subjects.

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Present school/college - if you have left school, please enter details of the most recent school/college attended.

Name:

Address:

Postcode: **Head's/Principal's Name:**

Reference (for non-school/college leavers)

Referee's Name:

Address:

..... **Postcode:**

Stratford-upon-Avon College

Are you currently a student at this College? **Yes** **No**

Course studied: **Personal Tutor:**

Have you ever been a student at this College? **Yes** **No** **Full-time** **Part-time**

If yes, please give dates:

Started (month & year): **Completed (month & year):**

Qualification: Examinations/Assessment

Please enter all qualifications that you are going to take or have already gained.

Date	Awarding Body	Subject	Level	Result/Predicted Result

Any other information to support your application (e.g. work experience, awards etc.)

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Please tick the ethnic group to which you belong (for monitoring purposes only).				
11	Asian or Asian British - Bangladeshi		19	Mixed - White and Asian
12	Asian or Asian British - Indian		20	Mixed - White and Black African
13	Asian or Asian British - Pakistani		21	Mixed - White and Black Caribbean
14	Asian or Asian British - any other Asian background		22	Mixed - any other mixed background
15	Black or Black British - African		23	White - British
16	Black or Black British - Caribbean		24	White - Irish
17	Black or Black British - any other Black background		25	White - any other White background
18	Chinese		98	Any other
			99	Not known/not provided

Do you consider yourself to have a disability or health problem? Yes No

If yes, please indicate main disability:

Visual Hearing Mobility Other Physical Other Medical Mental/Ill Health Emotional/Behavioural

Temporary after Illness Profound/Complex Multiple Other

Do you consider yourself to have a learning difficulty? Yes No

If yes, please indicate main learning difficulty:

Moderate Severe Dyslexia Dyscalculia Other specific Multiple

Other

Please enter any medical, learning or other additional needs you have. If you prefer, you can supply such information in a separate letter. This will help us to help you during your time at the College.

Please check that you have given as much information as possible to support your application.

Applicant's Signature: Date:

Parent's/Guardian's Signature:

Name: Date:

(PLEASE GET YOUR PARENT OR GUARDIAN TO SIGN IF YOU ARE UNDER 18)

Please return to: Admissions Officer, Stratford-upon-Avon College, The Willows North, Alcester Road, Stratford-upon-Avon, Warwickshire, CV37 9QR.
Telephone: +44 (0)1789 266245 Fax: +44 (0)1789 267524