

Adult Course Application Form

This form should only be completed for courses that require an application. Please see course details for more information.

About You

First Name (s) _____ Surname _____

Date of Birth _____ Gender _____

Address _____

Postcode _____

Tel No. _____ Mobile No. _____

Email _____

Your ethnic origin (Please tick)

- | | | | |
|---|--------------------------|--|--------------------------|
| Asian or Asian British - Bangladeshi | <input type="checkbox"/> | Mixed - White and Asian | <input type="checkbox"/> |
| Asian or Asian British - Indian | <input type="checkbox"/> | Mixed - White and Black African | <input type="checkbox"/> |
| Asian or Asian British - Pakistani | <input type="checkbox"/> | Mixed - White and Black Caribbean | <input type="checkbox"/> |
| Asian or Asian British - any other Asian background | <input type="checkbox"/> | Mixed - White and any other Mixed background | <input type="checkbox"/> |
| Black or Black British - African | <input type="checkbox"/> | White - British | <input type="checkbox"/> |
| Black or Black British - Caribbean | <input type="checkbox"/> | White - Irish | <input type="checkbox"/> |
| Black or Black British - any other Black background | <input type="checkbox"/> | White - any other White background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Have you lived in the U.K. or Europe for the past three years? Yes No

If no, please state where _____

National Insurance No. _____

Course Applying For _____

Section A: Employment

For some courses you may need/benefit from employment in the relevant sector area for example HNCs or the PGCE.

Please give details below of any current employment.

Are you currently employed? Yes No

If so, please give details.

Section C - Additional Information

Provide any additional information to support your application in the space below e.g. why you wish to study this course and any further information about your employment history or experiences and skills.

Support Details

Please complete this section so that we can ensure the appropriate support is in place whilst you are at college:

Do you have a disability, medical condition or learning difficulty? If yes, please give details. Yes No

Do you have an Education, Health and Care Plan? Yes No

Have you ever been in foster care, care of the Local Authority or supported by the Leaving Care Team? Yes No

Are you a Young Carer? Yes No

Do you have any criminal convictions or are you currently under investigation by the police? Yes No

We ask all students to declare if they have any criminal convictions. If you answer YES, we will contact you for further information before your interview. This will not automatically affect your application, but will allow College to carry out an assessment and provide support as appropriate.

Signature _____ Date _____

Data Protection Act 1998

The information on this form may be used by the College for the purpose of administration, careers and other guidance, statistical and research purposes. It may also be shared with external organisations for these purposes.

Please tick here if you do not wish this information to be shared externally.

What Now...?

Please send this form directly to College Admissions Team
Freeport RTJK-JJAL-LTGJ, Nelson and Colne College,
Scotland Road, Nelson, Lancashire, BB9 7YT

What Next...?

On receipt of your application we will contact you to arrange an interview.