

SURNAME _____ TITLE (Mr/Mrs/Miss/Ms) _____

FORENAMES _____ DATE OF BIRTH _____

Permanent Address _____

Postcode _____

If you will be living at a different address at the start of your course enter the postcode here: Postcode _____

Nationality _____ Country of Residence (for last 3 years) _____

If in UK less than 3 years please state date of entry _____

National Insurance Number _____

Home No _____ Work No _____ Mob No _____

Email Address _____

Emergency contact name and number _____

(Please only include the name and number of someone who has agreed to you giving us their details and who understands we will hold and only use that information in the event of an emergency during your time on the course)

Ethnic Origins:

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any Other White Background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Do you have a disability, health problem or learning difficulty? Yes No

(If YES please tick all that apply to you – if you have ticked more than one please circle the one that you think has the most impact on your learning)

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other medical condition
(eg epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Speech, language and communication needs | |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other disability: _____ | |

* Please tick box and provide further details: _____

If you have an EHCP (Education Health Care Plan) please tick the box

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

Please indicate your highest FULL level of qualification:

Examples of FULL level qualifications are indicated below – for further information/detailed list go to this page on our website: <https://www.andover.ac.uk/information/apply/>

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> NVQ Level 1
GCSE/O Level
(grades D-G) | <input type="checkbox"/> NVQ Level 2
5 + GCSEs/O Levels
(grades A*-C)
First Diploma
C&G National Certificate | <input type="checkbox"/> NVQ Level 3
A Levels/AS Levels
BTEC Nationals
C&G Advanced National
Certificate | <input type="checkbox"/> NVQ Level 4
BTEC HNC | <input type="checkbox"/> NVQ Level 5
BTEC HND
Foundation Degree |
| <input type="checkbox"/> Level 6
First Degree | <input type="checkbox"/> Level 7
PGCE, MA, PhD
Other postgraduate qualification | <input type="checkbox"/> No qualification | <input type="checkbox"/> Other (please state) _____ | |

Employment status prior to starting the course:

Please tick the employment status that applies to you and then tick number of hours worked and number of months employed for.		✓ (tick)
Paid Employment		
Self Employed		
Hours	0-10 hours per week	
	11-20 hours per week	
	21-30 hours per week	
	31+ hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	

Not in Paid Employment (please tick looking or not looking for work and how long you have been unemployed)		✓ (tick)
Looking for work and available to start work		
Not looking for work and/or not available to start work		
How long?	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	

Business (voluntary question): _____

Email (voluntary question): _____

Postcode (voluntary question): _____

Just before you start your course at Andover College, will you have been in full-time education or training?

 Yes No**Are you studying any other courses at another College/Educational establishment from September 2019?** Yes No

If YES, please give details of the course and College: _____

Household Situation:**If you are over 19 years old or on an apprenticeship or traineeship programme the government has requested that all colleges collect some information about your household situation. Please tick as appropriate.**

If you do not tick one of the boxes below we will not be able to process your course application form.

Note that more than one may apply. (Adult means 18 or over. Dependent child means under 18 or 18-24 full-time student/not working)

- No household member (including me) is in employment and the household includes one or more dependent children
- No household member (including me) is in employment and the household does not include any dependent children
- I live in a single adult household with dependent children
- Prefer not to say
- None of these statements apply

Do you have any unspent criminal convictions? Yes No

If 'yes' please give more details: _____

The College is keen to support students to help them succeed and having a criminal conviction will not necessarily prevent you from enrolling on one of our courses. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- No religion Christian (all denominations) Buddhist Hindu Jewish
- Muslim Sikh Any other religion: _____

Sexual Orientation (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

- Heterosexual Lesbian/Gay Bisexual Other Prefer not to say

Please indicate where you first heard of the College:

- Taster Day Word of Mouth Outdoor Banner
- School Event Twitter / Facebook Radio
- Careers Fair Google Advert Newspaper
- Teacher / School Bus Advert Train Station
- Careers Adviser Other - please specify: _____

Learning Agreement information and advice:

Information and advice should satisfy you in the following key areas:

- The implications of doing your course
- The entry requirements for doing your course
- A check to see if you had any previous experience or qualifications that could be counted towards your course
- A check to see whether you require any additional support (practical, tutor or financial)
- A check to see that the course is suitable for your requirements

By signing this form you agree to the following:

- I certify that the information provided on this form is correct
- I have read and fully understand the booking conditions
- The recording and processing of personal data as outlined in the College Data Protection policy
- I agree to abide by the College rules and regulations and pay all fees due
- The information and advice I received adequately covered the broad areas set out under Learning Agreement information and advice

Please sign declaration below

Declaration

I confirm that all the information on this form is correct and I understand that if I have declared false information relating to Tuition Fee Remission, the provider may take action against me to reclaim the tuition fees and any support costs provided.

Signed (Student) _____ Date: _____

Signed (College) _____ Date: _____

When complete please forward to: Part-time Courses, Admissions, Andover College, Charlton Road, Andover, Hampshire SP10 1EJ

Tel : 01264 360031 Email: courses@andover.ac.uk

PLEASE NOTE THIS FORM IS CORRECT AT THE TIME OF GOING TO PRINT BUT IS DEPENDENT ON GOVERNMENT LEGISLATION AND IS SUBJECT TO CHANGE.



European Union
European
Social Fund

Student name -
Student ID -
Course -

2019/2020 FE Part-Time and Short Course Payment Form

Payment method

Please indicate your preferred method of payment. The Admissions Team will confirm your place on the course and they will provide you with instructions on how to make payment, including a link to the online store and any relevant deadlines.

Course length - 10 days or less

Option 1 - Payment in full – by credit/debit card via the online store

Option 2 – Sponsor payment – Please complete your sponsor/employer details below

Option 3 – Fee Remission – I will be applying for fee remission (if applicable)

Courses length – more than 10 days

Option 1 - Payment in full – by credit/debit card via the online store

Option 2 - Payment by instalments – Instalment plan and 10% initial payment via the online store

Option 3 – Sponsor payment – Please complete your sponsor/employer details below

Option 4 - Advanced Learner Loan - I will be applying for an Advanced Learner Loan (if applicable)

Option 5 – Fee Remission – I will be applying for fee remission (if applicable)

Sponsor/Employer Details

This section only needs to be completed if your sponsor/employer is paying your tuition fees.

Employer/Sponsor name	
Contact name	
Contact number	
Contact email	
Invoice Address	
Purchase Order Number	
Employer Signature	
Position in Company	