

# 2020/21 & 2021/22 Short Course and Part-time Training Application and Learning Agreement

Applicants should supply relevant information on ALL sides of this form. (Please complete in BLOCK CAPITALS)

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 \_\_\_\_\_  Settled status  Pre-settled status

Home No \_\_\_\_\_ Work No \_\_\_\_\_ Mob No \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

(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"/> Mental health difficulty                 | <input type="checkbox"/> Severe learning difficulty                                |
| <input type="checkbox"/> Hearing impairment                             | <input type="checkbox"/> Autism spectrum disorder                 | <input type="checkbox"/> Other specific learning difficulty                        |
| <input type="checkbox"/> Disability affecting mobility                  | <input type="checkbox"/> Asperger's Syndrome                      | <input type="checkbox"/> Moderate learning difficulty                              |
| <input type="checkbox"/> Profound/complex disabilities*                 | <input type="checkbox"/> Social and emotional difficulties        | <input type="checkbox"/> Other learning difficulty                                 |
| <input type="checkbox"/> Temporary disability after illness or Accident | <input type="checkbox"/> Dyslexia                                 | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Other physical disability*                     | <input type="checkbox"/> Dyscalculia                              | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Other disability                               | <input type="checkbox"/> Speech, language and communication needs |  |

If you ticked above indicating some form of medical, physical and/or mental health condition and there is anything staff need to be aware of please 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 if applicable (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 the Contact Us page on [andover.ac.uk](http://andover.ac.uk) or Apply Now page on [sparsholt.ac.uk](http://sparsholt.ac.uk)

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> NVQ Level 1<br>GCSE/O Level<br>(grades D-G) | <input type="checkbox"/> NVQ Level 2<br>5+ GCSEs/O Levels<br>(grades A*-C)<br>First Diploma<br>C&G National Certificate | <input type="checkbox"/> NVQ Level 3<br>A Levels/AS Levels<br>BTEC Nationals<br>C&G Advanced National<br>Certificate | <input type="checkbox"/> NVQ Level 4<br>BTEC HNC  | <input type="checkbox"/> NVQ Level 5<br>BTEC HND<br>Foundation Degree |
| <input type="checkbox"/> Level 6<br>First Degree                     | <input type="checkbox"/> Level 7<br>PGCE, MA, PhD<br>Other postgraduate qualification                                   | <input type="checkbox"/> No qualifications   | <input type="checkbox"/> Other (please include any other qualifications that are not Full L2 or L3):<br>_____<br>_____<br>_____ |   |

**Employment status prior to starting the course:**

Please tick the <b>employment status</b> that applies to you and then tick number of <b>hours</b> worked and number of months employed for.		✓ (tick)
<b>Paid Employment</b>		
<b>Self Employed</b>		
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	

<b>Not in Paid Employment</b> (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 6 months	
	6-11 months	
	12-23 months	
	24-35 months	
	36 months or more	

Business (voluntary question): \_\_\_\_\_

Email (voluntary question): \_\_\_\_\_

Postcode (voluntary question): \_\_\_\_\_

Just before you start your course, 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 2021?** 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       Atheist       Buddhist       Christian (all denominations)       Hindu
- Jewish       Muslim       Sikh       Any other religion: \_\_\_\_\_       Prefer not to say

**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's Data Protection policy and Privacy Notice both available on our website at [sparsholt.ac.uk](http://sparsholt.ac.uk)
- 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

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### 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 the College where the course is being delivered:

#### Sparsholt/Online courses:

Part-time Courses, Admissions  
Sparsholt College, Westley Ln  
Sparsholt, Winchester, Hants SO21 2NF

Tel: 01962 797213

Email: [courses@sparsholt.ac.uk](mailto:courses@sparsholt.ac.uk)

#### Andover courses:

Part-time Courses, Admissions  
Andover College, Charlton Road  
Andover, Hants SP10 1EJ

Tel: 01264 360030

Email: [courses@andover.ac.uk](mailto: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

This activity is part-financed by the European Union

Student name -  
Student ID -  
Course -

**2021/2022 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)

**Course 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.

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