

Application form for PART-TIME UNIVERSITY-LEVEL COURSES (HNC/HNDs, Foundation Degrees, BA (Hons) Top-up Degrees)

This application is for UK/EEA higher education students only.



Please complete all sections of this form using CAPITAL LETTERS and black/blue ink

1. PERSONAL DETAILS

If you have studied at New College Nottingham (ncn) before please provide your student ID number on your card

1	2	3	4	5	6	7	8
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Title: Mr Mrs Miss Ms Other Date of Birth:

D	D	M	M	Y	Y
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First Name: Surname:

Address:

 Postcode:

Phone: National Insurance Number:

A	B	1	2	3	4	5	6	X
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Mobile: Gender:

M	F
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 Transgender:

M	F
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Email: Age as at 31/8/16:

Marital status: Single Married Civil partnership Prefer not to say Please tick (✓) here if you are in care or if you are a cared for learner (for information purposes only)

2. WHICH COURSE DO YOU WANT TO STUDY? (PLEASE GIVE THE FULL COURSE TITLE EXACTLY AS STATED IN THE NCN UNIVERSITY-LEVEL AND PROFESSIONAL COURSES GUIDE)

When do you wish to start your course?

YEAR

PERSONAL STATEMENT – We would like to know more about you, including information about your job status, professional experience, hobbies, interests, voluntary work, etc. Continue on a separate sheet of paper and attach securely to this form. You may also wish to attach a copy of your CV.

3. REFERENCE (YOUR REFEREE SHOULD IDEALLY BE AN ACADEMIC REFEREE OR AN EMPLOYER, NOT A RELATIVE)

Title: Mr Mrs Miss Ms Other Position:

First Name: Surname:

Address:

 Postcode:

Phone: Email:

4. HOW DID YOU FIND OUT ABOUT NEW COLLEGE NOTTINGHAM? – Please tick (✓) all that apply.

Futures/careers office Course guide ncn website ncn visit to your school
 Previous student/enquirer Recommendation Promotional event Employer
 UCAS Other

5. WHAT IS YOUR NATIONALITY?

British Citizen EU & EEA If not British, please state your nationality

If not British, EU or EEA please tick (✓) which type of immigration status you have:

Tier 4 Student Visa Indefinite Leave to Enter or Remain Student Visitor Asylum Seeker
 Tourist or Visitor Refugee Work Visa Humanitarian Protection
 Dependent Visa Discretionary Leave to Remain Spouse, Marriage or Civil Partnership Visa Other

Have you been a resident in the UK/EU/EEA for the last three years?

Y	N
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 If no, has a member of your family been a resident in the UK/EU/EEA for the last three years?

Y	N
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If you were not born here, when did you enter the UK?

YEAR

EQUALITY AND DIVERSITY MONITORING

At ncn we're committed to providing equal access and equal chances for all our students. As part of this, we monitor data on student gender, age, ethnicity and disability. The information you provide is used only to help us if we need to do anything differently for any group. Please complete sections 6 and 7 to enable us to do this. Further information about our Equality and Diversity Policy is available from Student Services reception areas or online at ncn.ac.uk.

6. PERSONAL IDENTITY – How would you describe your ethnic origin or personal identity? Please tick (✓) all that apply.

White	Mixed ethnic group	Asian/Asian British	Black/African/Carribbean
<input type="checkbox"/> 31. British	<input type="checkbox"/> 35. White/Black Carribbean	<input type="checkbox"/> 39. Indian	<input type="checkbox"/> 44. African
<input type="checkbox"/> 32. Irish	<input type="checkbox"/> 36. White/Black African	<input type="checkbox"/> 40. Pakistani	<input type="checkbox"/> 45. Carribbean
<input type="checkbox"/> 33. Irish Traveller	<input type="checkbox"/> 37. White Asian	<input type="checkbox"/> 41. Bangladeshi	<input type="checkbox"/> 46. Other
<input type="checkbox"/> 34. Other	<input type="checkbox"/> 38. Other	<input type="checkbox"/> 42. Chinese	Other ethnic group
		<input type="checkbox"/> 43. Other	<input type="checkbox"/> 47. Arab
<input type="checkbox"/> 98. Other Background	Please indicate	<input type="text"/>	

7. SUPPORT REQUIREMENTS – please ensure you complete the sections below. We require this information to ensure that any support you need is available to you.

7A. Disabilities (Please tick (✓) any box that applies to you)

<input type="checkbox"/> 98. No Disability	<input type="checkbox"/> 05. Other medical conditions
<input type="checkbox"/> 01. Visual impairment	<input type="checkbox"/> D. Diabetes
<input type="checkbox"/> 02. Hearing impairment	<input type="checkbox"/> E. Epilepsy
<input type="checkbox"/> 03. Disability affecting mobility	<input type="checkbox"/> 07. Mental health difficulty (eg. depression)
	<input type="checkbox"/> 10. Asperger's Syndrome

Can you walk up and down stairs slowly and unaided in an emergency situation? Y N

7B. Learning Disabilities (please tick (✓) one)

98. No learning disability

20. Autism Spectrum Disorder

I wish to be contacted to discuss learning support Y N

(By law we need your consent to pass information about your support requirements to those staff who can support you during your time at college.)

8. PLEASE LIST THE HIGHEST EXAMINATION SUBJECTS/QUALIFICATIONS ALREADY ACHIEVED OR GOING TO BE TAKEN

It is very **IMPORTANT** this section is completed. Applications will be delayed without this information. Continue on a separate sheet if required and attach securely to this form.

QUALIFICATION AND SUBJECT	INSTITUTION	LEVEL	YEAR	GRADE ACHIEVED/ PREDICTED GRADE

If you do not have any formal qualifications, please tick here

9. HOW WE USE AND SHARE YOUR PERSONAL INFORMATION

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Education Funding Agency for England ("the EFA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training, for example, Jobcente Plus. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: ncn.ac.uk/datapolicy. At no time will your personal information be passed to organisations for marketing or sales purposes.

Can we or our partner organisations contact you?

If not, please tick below:

01. I do not wish to be contacted about courses or learning opportunities.

02. I do not wish to be contacted for surveys and research.

Do not contact me by:

Mail Telephone

Post Text

Your parent(s)/guardian(s)/carer(s)/employer(s)/sponsor(s), or schools/colleges previously attended by you, may request information regarding your enrolment.

Tick this box if you do not wish for such information to be disclosed.

10. CONVICTIONS

Do you have a previous conviction, or a pending prosecution, for a violent or sexual offence. Y N

Applicants with previous convictions will be subject to a fair assessment process. If you have any queries, please contact the ncn Contact Centre on 0115 9 100 100 or email enquiries@ncn.ac.uk

SIGNATURE – I declare that the information given on this form is true and correct.

Signature of applicant

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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