

Sussex Coast College Hastings Application Form 2010 -11

PLEASE COMPLETE IN BLOCK CAPITALS



For Office Use Only Student ID

If you would like a copy or prefer a larger print version of this form please contact Learner Services on 01424 442 222

> HOW TO COMPLETE THIS FORM

Please complete all sections, in CAPITAL LETTERS and in black ink, then return the form to:
Learner Services, Sussex Coast College Hastings, Station Plaza, Hastings, East Sussex, TN34 1BA
Telephone: 01424 442 222 Fax: 01424 721 763 Email: advice@sussexcoast.ac.uk

If you need to speak with someone because you are unsure or undecided about the type of course and/or level to apply for, please tick the box and we will contact you to arrange an Advice and Guidance session.

Are you a current student of Sussex Coast College Hastings? Yes No

1 PERSONAL INFORMATION

Surname Title Telephone

Forenames Mobile

Date of Birth Age Email address

Gender Male Female **Please tick ✓ preferred means of contact in box provided**

Address

Nationality

Your first language

Post Code

Have you been a permanent resident in the UK/EU since 31 August 2006 Yes No

If no, please contact a Learner Services on the above email/telephone no.

2 QUALIFICATIONS & PREVIOUS EDUCATION

Please tell us about your previous school/college prior to entering Sussex Coast College Hastings.

Name

Address

Post Code

Qualifications gained or being taken

Qualification (e.g GCSE)	Subject	Grade	Date

Any other information you would like us to know

3 COURSE CHOICES

Please list course choices in order of priority.
For AS/A2 courses please enter one subject per box.

COURSE IN ORDER OF PRIORITY	COURSES/SUBJECT	PAGE NO
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you wish to apply for an Apprenticeship? Please specify subject area

ETHNIC ORIGIN

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 11 Asian/British-Bangladeshi | <input type="checkbox"/> 12 Asian/British-Indian | <input type="checkbox"/> 13 Asian/British-Pakistani | <input type="checkbox"/> 14 Other Asian background |
| <input type="checkbox"/> 14a Arabic | <input type="checkbox"/> 15 Black/Black British-African | <input type="checkbox"/> 16 Black/Black British - Caribbean | <input type="checkbox"/> 17 Other Black background |
| <input type="checkbox"/> 18 Chinese | <input type="checkbox"/> 19 Mixed - White and Asian | <input type="checkbox"/> 20 Mixed - White & Black African | <input type="checkbox"/> 21 Mixed - White & Black Caribbean |
| <input type="checkbox"/> 22 Other mixed background | <input type="checkbox"/> 23 White - British | <input type="checkbox"/> 24 White - Irish | <input type="checkbox"/> 25 White - other white background |
| <input type="checkbox"/> 98 Any other | <input type="checkbox"/> 99 Not provided | | |

4 SUPPORT

We are committed to meeting the needs of people who are disabled or who have learning difficulties and have a range of support services available. You do not have to disclose the information below, it may be helpful to the college if you let us know in advance of any support you may need.

Do you require any special support at interview? Yes Please specify No

HEALTH ISSUE/DISABILITY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 01 Blindness | <input type="checkbox"/> 01 Visual impairment | <input type="checkbox"/> 02 Deafness | <input type="checkbox"/> 02 Hearing impairment |
| <input type="checkbox"/> 05 Speech, language and communication disorders | <input type="checkbox"/> 03 Disability affecting mobility | <input type="checkbox"/> 04 Other physical disability | <input type="checkbox"/> 09 Complex physical disability |
| <input type="checkbox"/> 07 Mental ill health | <input type="checkbox"/> 06 Emotional/behavioural difficulties | <input type="checkbox"/> 09 Profound complex disability | <input type="checkbox"/> 90 Multiple disabilities |
| <input type="checkbox"/> 08 Temporary disability after illness e.g post-viral, accident | <input type="checkbox"/> 05 Other medical condition e.g epilepsy, asthma, diabetes | <input type="checkbox"/> 97 Complex health needs | <input type="checkbox"/> 10 Aspergers syndrome/ 'high performing' ASC |
| Other (please specify) <input type="text"/> | | <input type="checkbox"/> 98 I have no disability | |

LEARNING DIFFICULTIES

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 01 Moderate learning difficulty | <input type="checkbox"/> 02 Severe learning difficulty | <input type="checkbox"/> 97 Profound and complex learning difficulty | <input type="checkbox"/> 20 Autistic spectrum condition and learning difficulty |
| <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 11 Dyscalculia | <input type="checkbox"/> 90 Multiple learning difficulties | |
| Other (please specify) <input type="text"/> | | <input type="checkbox"/> 98 I have no learning difficulty | |

4 I have read and completed the above details and agree they are correct

STUDENT'S SIGNATURE

Date

D	D	M	M	Y	Y
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PARENT/GUARDIAN'S SIGNATURE (if student is under 16)

Date

D	D	M	M	Y	Y
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