

Application Form 2017/18

SECTION 1 - PERSONAL DETAILS

Family Name:	<input type="text"/>	Forename(s):	<input type="text"/>
Address:	<input type="text"/>	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Town:	<input type="text"/>	Date of Birth:	<input type="text"/>
Post Code:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tel No:	<input type="text"/>	School Attended:	<input type="text"/>
Mobile No:	<input type="text"/>	In Full-Time Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	<input type="text"/>	Lived in UK for 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever had a Criminal Conviction or Caution? Yes No

If yes the college will contact you and may make contact with Criminal Justice and other Agencies when processing this application.

Ethnic Origin:

- | | |
|--|--|
| <input type="checkbox"/> English/Welsh/Scottish/ Northern Irish/British (31) | <input type="checkbox"/> Pakistani (40) |
| <input type="checkbox"/> Irish (32) | <input type="checkbox"/> Bangladeshi (41) |
| <input type="checkbox"/> Gypsy or Irish Traveller (33) | <input type="checkbox"/> Chinese (42) |
| <input type="checkbox"/> Other White Background (34) | <input type="checkbox"/> Other Asian Background (43) |
| <input type="checkbox"/> White & Black Caribbean (35) | <input type="checkbox"/> African (44) |
| <input type="checkbox"/> White & Black African (36) | <input type="checkbox"/> Caribbean (45) |
| <input type="checkbox"/> White & Asian (37) | <input type="checkbox"/> Other Black/African/Caribbean background (46) |
| <input type="checkbox"/> Other Mixed/multiple ethnic background (38) | <input type="checkbox"/> Arab (47) |
| <input type="checkbox"/> Indian (39) | <input type="checkbox"/> Any other ethnic group (9) |

SECTION 2 - COURSE(S) APPLIED FOR

Course:	Preference:
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

Why have you chosen the above course(s)? Include career aims if known.

How did you find out about North Lindsey College? Please tick all that apply

- | | | | | | |
|---------------------------------------|-----------------------------------|---|--------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friends | <input type="checkbox"/> School Event | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Brochure | <input type="checkbox"/> College Guidance | Other: | <input type="text"/> | |

North Lindsey College

Kingsway, Scunthorpe, North Lincolnshire DN17 1AJ

t: (01724) 281111 f: (01724) 294020

w: www.northlindsey.ac.uk e: info@northlindsey.ac.uk



NorthLindseyCollege



@NorthLindsey



North Lindsey College



@NorthLindsey



NorthLindseyCollege

SECTION 3 - SUBJECTS OR VOCATIONAL COURSES STUDIED

Subject/Vocational Course	Qualification	Predicted Grade	Completion Date	Actual Grade

SECTION 4 - WORK EXPERIENCE AND PERSONAL STATEMENT

Work Experience and Part-time Jobs:

Personal Statement, Hobbies and Interests:

SECTION 5 - REFERENCES (This should be your current school, wherever possible)

Reference Name:

Position:

Organisation:

Address:

Tel No:

Email:

SECTION 6 - HEALTH/LEARNING DIFFICULTY

Do you consider the you have any medical conditions/disabilities or learning difficulties?

Yes No

- | | | |
|---|--|---|
| 04 <input type="checkbox"/> Visual impairment | 13 <input type="checkbox"/> Dyscalculia | 95 <input type="checkbox"/> Other medical condition
(for example epilepsy, asthma, diabetes) |
| 05 <input type="checkbox"/> Hearing impairment | 14 <input type="checkbox"/> Autism spectrum disorder | 96 <input type="checkbox"/> Other learning difficulty |
| 06 <input type="checkbox"/> Disability affecting mobility | 15 <input type="checkbox"/> Asperger's syndrome | 97 <input type="checkbox"/> Other disability |
| 07 <input type="checkbox"/> Profound complex disabilities | 16 <input type="checkbox"/> Temporary disability after illness
(for example post-viral) or accident | 98 <input type="checkbox"/> Prefer not to say |
| 08 <input type="checkbox"/> Social and emotional difficulties | 93 <input type="checkbox"/> Other physical disability | 99 <input type="checkbox"/> Not provided |
| 09 <input type="checkbox"/> Mental health difficulty | 94 <input type="checkbox"/> Other specific learning difficulty
(e.g. Dyspraxia) | |
| 10 <input type="checkbox"/> Moderate learning difficulty | | |
| 11 <input type="checkbox"/> Severe learning difficulty | | |
| 12 <input type="checkbox"/> Dyslexia | | |

STAFF USE ONLY

Application Received		Reference Applied for	
Personal reference number		Unique Learner Number	
W/D date and reason			

Send your application to:

Customer Service Team
North Lindsey College
Kingsway, Scunthorpe
North Lincolnshire
DN17 1AJ