

ID:

Year:

Qualifications Checked:

Course Code:

Application and Enrolment Form

Section 1. Course Details (All WHITE sections to be completed in ink. Please use CAPITAL LETTERS)

I want to study:	I want to start in:	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	I want to study:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		

Section 2. Personal Details

Mr/Ms/Miss/Other:	First name(s):	Last name:			
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age:	Gender:	Previous last name (if changed):	
National Insurance no:	Car registration no:	Unique learner no. (if known):	Last school/college attended:		
Address:					
Postcode:					
Usual permanent address (if different):					
Email:					
Tel (Home):			Tel (Mobile):		
Emergency contact details:					
Name:		Relationship:			
Tel (Home):		Tel (Mobile):		Tel (Work):	
If you are under 19, please supply parent/guardian email:					

Section 3. Nationality

Nationality:	Where were you born?
Where do you live now?	How long have you lived in the EU?
If you've lived here for less than 3 years please tell us your date of entry into the EU/UK:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Please tick if any of the following apply to you:	<input type="checkbox"/> Dependant <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee
<input type="checkbox"/> Indefinite leave to remain <input type="checkbox"/> Limited leave to remain	State expiry date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Please supply supporting evidence including passport.	
Do you have any unspent convictions or pending court cases?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The student has been assessed on entry to their Learning Programme as requiring additional support: Yes No

<input type="text" value="L35"/>	Level on Entry	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	Date application received	<input type="text"/>	Date enrolled	<input type="text"/>
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Section 4. Support Services

In order that Farnham College can provide appropriate support for you, please tell us about any particular health, educational or domestic issues you may have. Any medical information you provide will be shared with the appropriate people in the case of an emergency situation. Please tick all that apply and give further details on a separate sheet if necessary:

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Blind/visual impairment | <input type="checkbox"/> 05 Epilepsy/asthma/diabetes | <input type="checkbox"/> 90 Multiple disabilities |
| <input type="checkbox"/> 02 Deaf/hearing impairment | <input type="checkbox"/> 06 Emotional/behavioural difficulties | <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 03 Mobility difficulties | <input type="checkbox"/> 07 Mental health issues | <input type="checkbox"/> 98 No disability |
| <input type="checkbox"/> 04 Other physical difficulties | <input type="checkbox"/> 10 Aspergers | |

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Do you have a medical condition which significantly affects daily life? Please give details on a separate sheet:

- | | |
|---|--|
| <input type="checkbox"/> I have to carry routine/prescribed medicines | <input type="checkbox"/> I have been given medical advice to follow in an emergency |
| <input type="checkbox"/> I am receiving medical treatment by my GP/hospital | <input type="checkbox"/> Have you any other learning or health conditions you would like to discuss? |
| <input type="checkbox"/> I have an EpiPen for anaphylactic shock recovery | |

- | | |
|--|--|
| <input type="checkbox"/> 01 Moderate learning difficulty | <input type="checkbox"/> 90 Multiple learning difficulties |
| <input type="checkbox"/> 02 Severe learning difficulty | <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 98 No learning difficulty |
| <input type="checkbox"/> 11 Dyscalculia | <input type="checkbox"/> Have you had learning support before? |
| <input type="checkbox"/> 19 Other specific learning difficulty | <input type="checkbox"/> Have you had special arrangements for exams before? |
| <input type="checkbox"/> 20 Autism spectrum disorder | |

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Section 5. Ethnicity

Monitoring of ethnic origin. Completion is voluntary and information supplied will be used only for statistical purposes and will be treated as confidential. Please tick the group to which you belong:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 31 White - British | <input type="checkbox"/> 41 Asian or Asian British Bangladeshi | <input type="checkbox"/> 44 Black or Black British - African | <input type="checkbox"/> 37 Mixed - White and Asian |
| <input type="checkbox"/> 32 White - Irish | <input type="checkbox"/> 39 Asian or Asian British - Indian | <input type="checkbox"/> 45 Black or Black British - Caribbean | <input type="checkbox"/> 36 Mixed - White and Black African |
| <input type="checkbox"/> 34 White - any other White background | <input type="checkbox"/> 40 Asian or Asian British - Pakistani | <input type="checkbox"/> 46 Black or Black British - any other Black background | <input type="checkbox"/> 35 Mixed - White and Black Caribbean |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller | <input type="checkbox"/> 43 Asian or Asian British - any other Asian background | <input type="checkbox"/> 47 Arab | <input type="checkbox"/> 38 Mixed - any other Mixed background |
| <input type="checkbox"/> 42 Chinese | | | |
| <input type="checkbox"/> 98 If none of the above, please specify details: | | | |

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Section 6. Reference and Employment

If you are currently in full-time education then please provide details of your current school or college:

School/college/organisation:

Name of contact:

Address:

Tel:

Email:

If you are being sponsored by your employer to do this course please provide details of your employer:

Organisation:

Name and position of contact:

Address:

Tel:

Email:

Section 9. For our Statistics (continued)

How did you hear about the College/this course? <input type="checkbox"/> I live locally <input type="checkbox"/> I am a previous student <input type="checkbox"/> Recommended by friends/family <input type="checkbox"/> Recommended by my employer <input type="checkbox"/> College email <input type="checkbox"/> College website <input type="checkbox"/> Other website e.g. Hotcourses, Learndirect <input type="checkbox"/> Event at the College <input type="checkbox"/> College stand at an external event <input type="checkbox"/> College presentation at my school		Have you seen or heard any of the following promoting the College: <input type="checkbox"/> Newspaper advert <input type="checkbox"/> Radio advert <input type="checkbox"/> Flyer or leaflet <input type="checkbox"/> Outdoor advert e.g. banner or poster <input type="checkbox"/> Online advert or social media
Can we contact you? If no, please tick below: <input type="checkbox"/> 01 I do not wish to be contacted about courses or learning opportunities <input type="checkbox"/> 02 I do not wish to be contacted for surveys and research		Do not contact me by: <input type="checkbox"/> 01 Post <input type="checkbox"/> 02 Phone <input type="checkbox"/> 03 Email

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Section 10. Your Confirmation of Understanding

I confirm all of the information I have given is correct.

I have had initial information, advice and guidance in the form of one or more of the following:

- Written information
- Discussion with enrolling staff
- Guidance/careers interview
- Financial advice

As a result of this, I understand the entry requirements, the guided learning hours, the nature of the study programme and progression opportunities it may lead to. I can confirm that this is a suitable programme for me. I understand that, should I require it, additional support is available to me in the form of extra help with my studies/disability support/educational guidance/counselling. I know that I can access such support via College Support Services.

I agree to observe the College rules, policies and the Student Charter.

- I understand that it is my responsibility to ensure that all my fees are paid.
- I understand that my fees must be paid when I enrol, and that no refunds or waivers will be given once I start attending the course, unless the course is cancelled by the College.
- I understand that if I do not pay my fees in full I may be liable for any charges that the College incurs while trying to collect what is due.
- I understand that the College accepts no liability for any additional costs that I may incur as a result of undertaking this course of study.
- I understand I will be required to pay a fixed penalty charge if I fail to attend an external awarding body examination.

The College reserves the right to change or cancel courses. Please refer to the terms and conditions in the College prospectuses.

I authorise the College to provide appropriate information to my parent(s) or guardian(s) (if under 19) or employer or sponsor (if appropriate) on progress and attendance on courses for which I have enrolled, or in the event of any cause for concern or a medical emergency.

Student Signature _____ **Date** _____

Section 11. Data Protection Act 1998

Information you provide to the College will be passed to the Higher Education Funding Council for England (HEFCE), Skills Funding Agency (SFA) and the Young People's Learning Agency (YPLA). HEFCE distributes public money for teaching and research to universities and colleges. The YPLA and the SFA are responsible for funding, planning and encouraging education and training for young people and adults in England. All are registered under the Data Protection Act 1998. Information will also be shared with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes, in line with the College's Data Protection Policy. Other organisations with which we will share information include the Department for Education, the Department for Business Innovation and Skills, Connexions, Higher Education Statistics Agency and educational institutions and organisations performing research and statistical work on behalf of HEFCE, YPLA and SFA or its partners including Ipsos MORI. The YPLA also administers the Learner Registration Service (LRS) which will use your information to create and maintain a unique learner number (ULN). The HEFCE, YPLA and the SFA are also co-financing organisations and use European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk> or Young People's Learning Agency: <http://www.ypla.gov.uk> and by following the links to data protection. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the HEFCE, YPLA and the SFA and its partners to monitor performance, improve quality and plan future provision. *Please tick the box below if you do not wish to be contacted by the HEFCE, YPLA and the SFA or its partners in respect of surveys and research. The HEFCE, YPLA and the SFA values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. The HEFCE, YPLA and the SFA or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. **Please tick the box below if you do not wish to be contacted about courses or learning opportunities by post.

*I do not wish to be contacted by the HEFCE, YPLA and the SFA or its partners **I do not wish to be contacted about courses etc

This form is available in other formats or large print. You can download an application form or apply online at www.farnham.ac.uk



Your programme may have been part funded by the European Union through the European Social Fund, which helps to develop employment by promoting employability, business spirit and equal opportunities, and invest in human resources.