



East Berkshire College

Langley and Windsor

Full-time Application Form 2010/11

Please complete all sections of this form in BLOCK CAPITALS, using blue or black ink, so we can arrange your interview as quickly as possible.

OFFICE USE ONLY

REC.	ACK.	FSS	REF REQUEST SENT	EBS No.
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Data Protection Act 1998 – The information you provide on this form will be passed to the Learning and Skills Council. The Learning and Skills Council is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data. The Learning and Skills Council will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will enable the Council and its partners to monitor performance, improve quality and plan future provision.

Surname:	<input type="text"/>	Home address:	<input type="text"/>
Other names:	<input type="text"/>		<input type="text"/>
Title:	Mr Mrs Miss Ms (delete as applicable)		Postcode <input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Person to contact in an emergency	
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (date/month/year)	If you are aged under 18, please give details of parent/guardian who we may also contact in relation to your progress at College.	
Tel: (Inc. code)	<input type="text"/>	Surname:	<input type="text"/>
Mobile:	<input type="text"/>	Other names:	<input type="text"/>
Email:	<input type="text"/>	Tel: (Inc. code)	<input type="text"/>
		Relationship: (e.g. parent, partner, guardian)	<input type="text"/>

Please enter the details of the course you wish to apply for. (Please only state your **first choice** here – other courses can be considered at a later stage).

Course Title (as stated in the prospectus)	Code	Campus
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are applying for our A Level or AS Level programme please enter subjects (up to five):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are unsure about your choice you should seek guidance from your Connexions adviser at school. If you are not at school and need to see our adviser, please contact Student Services on 0845 373 2500 for an appointment.

Previous Education:

Secondary School/College Attended (please give name, address and postcode)	From (month/year)	To (month/year)
<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"/>

Qualifications: Please list your **predicted grades**, as well as results of any exams you've already taken (example shown):

Award	Subject	Year	Predicted Result	Actual Result
GCSE	ENGLISH LANGUAGE	2009	C	B
<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"/>	<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"/>	<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"/>

Have you previously enrolled at East Berkshire College? Yes No

No Qualifications: If you don't have any qualifications/predicted grades before the start of this course please tick this box.

Ethnic Origin: (Please tick)

Asian or Asian British	Black or Black British	Mixed	White	Chinese or other ethnic group
<input type="checkbox"/> 11 – Bangladeshi	<input type="checkbox"/> 15 – African	<input type="checkbox"/> 19 – White & Asian	<input type="checkbox"/> 23 – British	<input type="checkbox"/> 18 – Chinese
<input type="checkbox"/> 12 – Indian	<input type="checkbox"/> 16 – Caribbean	<input type="checkbox"/> 20 – White & Black African	<input type="checkbox"/> 24 – Irish	<input type="checkbox"/> 98 – Any other
<input type="checkbox"/> 13 – Pakistani	<input type="checkbox"/> 17 – Any other Black background	<input type="checkbox"/> 21 – White & Black Caribbean	<input type="checkbox"/> 25 – Any other White background	
<input type="checkbox"/> 14 – Any other Asian background		<input type="checkbox"/> 22 – Any other mixed background		

Nationality:

Nationality (as stated on your passport)

Which country do you normally live in?

Date of entry into the UK (if applicable): DD MM YY

Have you ever lived outside the European Economic Area (EEA)? Yes No

- If yes, on what basis are you staying in the UK?*
- Indefinite leave to remain Limited leave to remain
- Student visa/work permit/visitor's visa Refugee
- Asylum seeker, awaiting Home Office decision
- Granted discretionary leave to remain or humanitarian protection or exceptional leave to enter or remain

Are there any restrictions or limitations on your stay? (Please specify)

English is not my first language

My first language is

*** If you have completed this section, attaching copies of your passport or visa will allow us to process your application faster.**

Learning Differences: Please indicate whether you have any learning disabilities/difficulties Yes No

In order for us to support you fully during your time at College, please tick any of the following boxes that apply to you:

Disabilities

- 01 - Visual loss 05 - Other medical condition 09 - Profound complex disabilities 97 - Other
- 02 - Hearing loss 06 - Emotional/behavioural difficulties 10 - Asperger's Syndrome
- 03 - Disability affecting mobility 07 - Mental health difficulties 20 - Autistic Spectrum Disorder
- 04 - Other physical disability 08 - Temporary disability after illness 90 - Multiple disabilities

Learning difficulties

- 01 - Moderate learning difficulties 10 - Dyslexia 90 - Multiple learning difficulties 97 - Other
- 02 - Severe learning difficulties 11 - Dyscalculia 19 - Other specific learning difficulty

Do you require any additional help? Yes No

If you have indicated that assistance may be required, your details will be passed to the College Study Support Team who will contact you in confidence. You can contact the Study Support Team regarding your individual needs on 01753 793207.

Work Experience: Give brief details of full/part-time employment or work experience, and any career plans you have.

Reference: Please provide the name and full address of someone who can provide an academic or professional reference.

What prompted you to apply today? (Please tick)

- Website Friend/Family Employer Advertising
- Prospectus Connexions Open Evening Other (please specify)

Your application will be acknowledged within **two working days** of receipt.

Please note applications are processed in date order.

Application does not guarantee a place on any course.

After completing and signing this form, please return it to:
Central Admissions Office, East Berkshire College, Station Road, Langley, Berkshire, SL3 8BY.

Please note those applying from abroad **must** complete an Overseas Application Form (available on request).



INVESTOR IN PEOPLE

I understand and agree that a reference will be sought from my previous place of education and/or from the person I have named above. I have read and understand the guidance given in the "how to apply" section opposite this form.

Signature of applicant: Date of application:

Useful Phone Numbers:

Central Admissions 01753 793288 Student Finance 01753 793368 Student Services 0845 373 2500 Study Support 01753 793207