

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

- | | | |
|---------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Second Language Difficulties |
| <input type="checkbox"/> Dyspraxia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Require extra help with Study Skills |
| <input type="checkbox"/> Asperger's/ASD | <input type="checkbox"/> Lack of Confidence | <input type="checkbox"/> Other Learning Difficulty or Disability. Please state: |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Require extra help with English | <input type="text"/> |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Require extra help with Maths | <input type="text"/> |

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 | <input type="checkbox"/> 21 - White & Black Caribbean | <input type="checkbox"/> 25 - Any other | |
| <input type="checkbox"/> 14 - Any other | Black background | <input type="checkbox"/> 22 - Any other mixed background | white background | |
| Asian background | | | | |

Please enter your nationality: (as stated on your passport)

Which country do you normally live in?

Have you ever lived outside the European Union? Yes No Date of entry into the UK: (if applicable)

Please note that all HE applicants will be required to provide evidence of their residency status should they be offered a place.

How did you find out about East Berkshire College?

- | | | | |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------|
| College Representative <input type="checkbox"/> | Open Day <input type="checkbox"/> | Press Advertising <input type="checkbox"/> | Website <input type="checkbox"/> |
| School Adviser <input type="checkbox"/> | Connexions Centre <input type="checkbox"/> | Radio Advertising <input type="checkbox"/> | Word of mouth <input type="checkbox"/> |
| Careers Exhibition <input type="checkbox"/> | Prospectus <input type="checkbox"/> | Other Advertising <input type="checkbox"/> | Other <input type="text"/> |

What career are you considering or pursuing? Is your choice to study at degree level related to your career intentions? If so, please explain:

All applicants will be invited for interview.

Please note Applications are processed in date order. If a course is popular it may become full quickly so please put in an early application.

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 declare that all the information **I have provided** is accurate. **I agree** to abide by the colleges policies and procedures.

Signature of applicant:

Date of application: