

SHORT COURSE APPLICATION

(You may use a photocopy of this form)



Where did you hear about the College? Community Centre/Friend/Leaflet/Jobcentre Adviser/ Other (please specify)

COURSE DETAILS

Which course(s) are you applying for?

Course title: Course Date:

Course title: Course Date:

Course title: Course Date:

Course title: Course Date:

PERSONAL DETAILS

Last name: First name(s):

Title: Mr/Mrs/Miss/Ms Gender: Male/Female Date of Birth: (you must be over 19)

Home Address:

..... Postcode: HomeTel. No:

Mobile No.: Email:

Emergency Contact: Contact Telephone No:

National Insurance Number:

Home Local Education Authority: (i.e. To which authority do you pay your Council Tax?)

Do you consider yourself to be disabled? **YES/NO**

Please give details of any disability or serious medical condition:

*If you would like to give further information please continue on a separate sheet.

What is your highest educational qualification? (if any)

N.B. Northern College free courses are primarily for people with few or no qualifications and these applicants will be prioritised.

Are you unemployed and in receipt of JSA and ESA (WRAG) **YES/NO**

If you are employed what is the name of your employer:

ETHNIC ORIGIN

Asian/Asian British - Indian	Mixed/Multiple Ethnic Group - White and Black Caribbean	
Asian/Asian British - Pakistani	Mixed/Multiple Ethnic Group - White and Black African	
Asian/Asian British - Bangladeshi	Mixed/Multiple Ethnic Group - White and Asian	
Asian/Asian British - Chinese	Mixed/Multiple Ethnic Group - Any Other Mixed/multiple	
Asian/Asian British - any other Asian background	Ethnic Background	
Black/African/Caribbean/Black British - African	White - English/Welsh/Scottish/Northern Irish/British	
Black/African/Caribbean/Black British - Caribbean	White - Irish	
Black/African/Caribbean/Black British - Any Other	White - Gypsy or Irish Traveller	
Black/African/Caribbean background	White - Any Other White Background	
	Other Ethnic Group - Arab	
	Other Ethnic Group - Any other Ethnic Group	
	Other Ethnic Group - Not Provided	

Are there any restrictions on the period of time you can stay in the UK? **YES/NO** If **YES** please give details

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ACCOMMODATION DETAILS

Are you staying overnight at the College? **YES/NO** Are you bringing a carer? **YES/NO**

If yes Carer's Last name: First name(s):

Unfortunately ground floor accommodation cannot be guaranteed. If you think you have a case for ground floor accommodation please send a copy of your Disability Living Allowance Certificate, Attendance Allowance Certificate or a medical note.

If at all possible please agree with someone else who is attending the course to share rooms with them and write their name here:

Do you have any special dietary needs? **YES/NO**

For example: Vegetarian / Vegan / Fat free / Gluten free / Halal / Other (please specify)

CHILDREN

If you are bringing children to the College with you, please give their details here:

Please note there are no over 5 places available Monday to Friday and no guarantee of a childcare place being offered.

Last Name	First Name(s)	Gender	Date of Birth
.....
.....
.....

Please give details of any disability, registered or unregistered, or medical condition, of which you think the Children's Centre should be made aware:

YOUR LEARNING NEEDS

Can you take notes from a short document or talk? **YES/NO**

Are you confident to complete short written answers in a workbook? **YES/NO**

Are you confident about working in a small group? **YES/NO**

Are you confident at using a computer to complete simple tasks? **YES/NO**

Have you been advised to apply for this course by someone? **YES/NO**

If so by which person/organisation?

Please tell us why you would like to come on the course(s) you have chosen or what previous knowledge you have of the subject. If you leave this section blank you will not be prioritised for a place on the course.

Please continue on a separate sheet if necessary

"I understand that the information I have given will be processed by the College in compliance with the 1998 Data Protection Act. I give my consent to the Northern College to record and process information regarding any health conditions which I have declared."

Signed: Date:

The information you provide may be used by the College for marketing activities - if you do not wish it to be used for such purposes please tick here

Please return to: The Registry, Northern College, Wentworth Castle, Stainborough, BARNSELEY, South Yorkshire. S75 3ET Telephone: 01226 776000 Fax: 01226 776025 E-mail: courses@northern.ac.uk