

FULL-TIME APPLICATION FORM September 2010



Please see page 138 of the prospectus for guidance on completing the application form.

1. Personal Details	
First name(s) (exactly as on official certificate):	
Last name (exactly as on official certificate):	
Want to be known as:	
Home address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>
	Date of birth:
	Other <input type="checkbox"/> (please state)
	Age on 31st August 2010:
Home postcode:	Is this address a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance number:	Unique Learner Number (if known):
Contact Details	
Mobile phone (incl. code):	Home phone (incl. code):
	Home email:

2. Status
Nationality:
Where have you lived for the majority of the last 3 years?
If you have not been resident in the European Union for the past three years, please give date of entry to European Union:

3. Ethnic Origin			
Strode College is strongly committed to equal opportunities and welcomes all students regardless of age, gender or ethnic origin. Please tick the box, which describes the ethnic origin with which you most identify yourself			
ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	MIXED	WHITE
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	White British <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Any other Black <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Any other White <input type="checkbox"/>
Chinese <input type="checkbox"/>	background <input type="checkbox"/>	Any other mixed <input type="checkbox"/>	background <input type="checkbox"/>
Other Asian background <input type="checkbox"/>		background <input type="checkbox"/>	
Any other not listed above <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>	

4. Courses	
Please list the courses you are interested in studying, in order of preference.	
Course Title	Course Code
First choice:	
Second choice:	
If you are applying for A levels, please indicate subjects below:	
Write a few words to tell us why have you chosen these courses?	

5. Current/Last School or College (under 19s only)	
Name of current or last School or College:	
Have you had a period of study out of school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently a student at Strode College? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently attending a programme at college while still at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Hobbies and Interests
Please write a few words about your hobbies and interests or part-time job.

If you would like this publication in an alternative format please call 01458 844422

6. Additional Support Do you consider yourself to have a learning difficulty, disability and/or health problem that may affect your learning? Yes No

NO DISABILITY <input type="checkbox"/>	Other medical conditions (epilepsy, asthma, diabetes) <input type="checkbox"/>	Profound Complex Difficulties <input type="checkbox"/>
Not known <input type="checkbox"/>	Emotional/behavioural difficulties <input type="checkbox"/>	Aspergers Syndrome <input type="checkbox"/>
Visual impairment <input type="checkbox"/>	Mental health difficulty <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Temporary disability after illness or accident <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
Mobility disability <input type="checkbox"/>		
Other physical disability <input type="checkbox"/>		
NO LEARNING DIFFICULTY <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Autism Spectrum Disorder <input type="checkbox"/>
Moderate learning difficulty <input type="checkbox"/>	Dyscalculia <input type="checkbox"/>	Multiple Learning Difficulties <input type="checkbox"/>
Severe learning difficulty <input type="checkbox"/>	Other specific learning difficulty <input type="checkbox"/>	Other <input type="checkbox"/>

My support requirements have already been assessed: Yes No
 If you have been formally assessed for an identified learning need/disability, please attach the relevant report.

7. Educational Qualifications Please list any qualifications you have, or expect to obtain before you start your course. If English is not your first language, you must indicate which English language exams you have taken or are to take.

Subject	Level (eg GCSE)	Predicted grade	Subject	Level (eg GCSE)	Predicted grade
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

When you come to enrol in August/September 2010, you will need to bring certificates or exam slips.

8. Transport

Do you require a County Ticket application form? Yes No Do you have any special transport requirements? Yes No
 If yes, tick which you need: Special bus equipment Bus Buddy Other assistance (details):

9. Feedback How did you find out about the College? (please tick one only)

Agent <input type="checkbox"/>	Careers <input type="checkbox"/>	Prospectus <input type="checkbox"/>	Friend or Family <input type="checkbox"/>
Internet <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Open Day/Evening <input type="checkbox"/>	School <input type="checkbox"/>

10. Enrichment Please indicate which enrichment activity you are interested in:

First choice: _____ Second choice: _____
 If you are interested in a Development Squad, please indicate which one:
 Football Rugby Cricket Netball Trampoline Basketball Hockey

11. Data Protection Consent To Process Declaration

I declare that to the best of my knowledge the information I have given is a true and correct record and I give my consent to Strode College processing this information in accordance with the Data Protection Act 1998. I understand that some of the information requested will be stored and made available to relevant government departments and the Learning and Skills Council (LSC) for statistical purposes only.

During the enrolment process you will have the opportunity to advise if you do not wish to be contacted by the LSC or its partners in respect of surveys, research, courses, or learning opportunities relevant to you. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

I consent to being contacted by letter, email, phone, mobile or text message.

Somerset Country school leavers only: We may wish to obtain information from your school record, including GCSE and other examination results from the Somerset County Local Authority Education Service. This information will help us to provide you with the best possible support during your time at college. Please would you indicate your consent for us to obtain the information by ticking this box.

If you wish us to also share information in connection with your application with your parent(s)/carers, please would you indicate which of these persons you agree to allow us to contact.	Name: _____
	Relationship: Parent <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>
Signature: _____	Parent or Guardian Signature (if you are under 18): _____ Date: _____