

# APPLICATION FORM FOR PART-TIME UNIVERSITY-LEVEL COURSES

(HNCs/HNDs, Foundation Degrees, BA (Hons) Top-up Degrees)

Please read this form carefully and complete ALL sections in CAPITAL LETTERS

**1** Title (eg. Mr/Mrs/Miss/Ms)  First name(s)  Last name   
Address   
  
Postcode:   
Mobile\*:  Tel:   
Email:   
Date of birth   
(eg: 31 01 58) Day Month Year Male  Female   
National Insurance Number   
(eg: A B 1 2 3 4 5 6 X)  
If you do not have a National Insurance Number please leave blank.  
\*Please note: **ncn** may contact you with college-related information by text message.

## Equality and diversity at ncn

The College has a commitment to equality of opportunity. Part of our commitment is to monitor data related to our students in terms of their ethnicity and disability status. The information you provide will only be used to help us monitor whether all our students are given a fair chance to succeed regardless of ethnicity and disability. It is essential that you complete the boxes below to enable us to continually ensure that our courses and services are accessible for all students and that all students are given the support they need to succeed. Further information about the College's Equality and Diversity Policy and Single Equality Scheme are available from Student Service reception areas or online at [www.ncn.ac.uk](http://www.ncn.ac.uk) Learners are advised that **ncn** provides courses for 14–16 year olds and other vulnerable learners. If you have any queries, contact the College on 0115 9 100 100.

## 2 Personal identity

How would you describe your ethnic origin or personal identity? (Please tick (✓) one.)

### Asian or Asian British

- 11 Bangladeshi  
 12 Indian  
 13 Pakistani  
 14 Other Asian background

### Black or Black British

- 15 Black African  
 16 Black Caribbean  
 17 Other black background

### Chinese

- 18 Chinese

### Mixed ethnic origin

- 19 White and Asian  
 20 White and Black African  
 21 White and Black Caribbean  
 22 Other mixed background

### White

- 23 White British  
 24 White Irish  
 25 Other white background

### Other ethnic groups

- 98 Other background not included above – please indicate below:

## 3 Support requirements

All students need to complete parts A and B below. We require this information to ensure that any support you need is available to you. **If you do not require support please also indicate this below.**

### A DISABILITIES (please tick (✓) any box that applies to you)

L15

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Visual impairment (does not include wearing glasses)  | <input type="checkbox"/> 07 Mental health difficulty (eg. depression)                    |
| <input type="checkbox"/> 02 Hearing impairment (eg. may need a hearing aid or communication support)  | <input type="checkbox"/> 08 Temporary disability after illness/accident (eg. broken leg) |
| <input type="checkbox"/> 03 Disability affecting mobility (eg. wheelchair user)   | <input type="checkbox"/> 09 Profound/complex disabilities                                |
| <input type="checkbox"/> 04 Other physical disability (eg. cerebral palsy)  | <input type="checkbox"/> 10 Aspergers Syndrome   |
| <input type="checkbox"/> 05 Other medical condition<br><input type="checkbox"/> D) Diabetes <input type="checkbox"/> E) Epilepsy<br><input type="checkbox"/> O) Other | <input type="checkbox"/> 90 Multiple disabilities  |
| <input type="checkbox"/> 06 Emotional/behaviour difficulties  | <input type="checkbox"/> 97 Other – please specify:<br><input type="text"/>              |
|   | <input type="checkbox"/> 98 No disability  |

### B LEARNING DIFFICULTIES (please tick (✓) one)

L16

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Moderate learning difficulties     | <input type="checkbox"/> 90 Multiple learning difficulties                  |
| <input type="checkbox"/> 02 Severe learning difficulties       | <input type="checkbox"/> 97 Other – please specify:<br><input type="text"/> |
| <input type="checkbox"/> 10 Dyslexia                           |   |
| <input type="checkbox"/> 11 Dyscalculia                        |   |
| <input type="checkbox"/> 19 Other specific learning difficulty |   |
| <input type="checkbox"/> 20 Autism Spectrum Disorder           | <input type="checkbox"/> 98 No learning difficulty                          |

Please tick (✓) the relevant box below and provide your signature.

**Yes**, I require support during my course and I am happy for staff to be informed.

**No**, I don't require support during my course and I am not happy for staff to be informed. (I appreciate that this means the College may be unable to give me full support for my learning.)

Learner signature

Date

By law we need your consent to pass information about your support requirements to those staff who can support you during your time at College.

## 4 Nationality/domicile

Have you been ordinarily resident in the EU/EEA for the last three years? Yes  No

Date of entry into UK, if not born here

What is your nationality? British Citizen  EU/EEA  Other  Please state your nationality

If 'other', what type of visa/leave to remain in the UK do you have (eg. asylum seeker, refugee, or visa type: student, visitor, dependant, etc.)?

