

Application Form for College Courses at ncn

You may be able to apply online for some courses. Visit www.ncn.ac.uk and search for your chosen course to see if an online application is possible.

Please complete all sections of this form using CAPITAL LETTERS and black or blue ink

1 If you have previously studied at New College Nottingham (ncn) please provide your student ID number (on your student card)

Title (eg. Mr/Mrs/Miss/Ms) First name(s) Last name

Address

Postcode:

Mobile*: Tel:

Email*:

* Please note: ncn may contact you with college-related information by text message and/or email.

Please tick (✓) here if you are in care or if you are a cared for learner

Date of birth Male Female Age as at 31 August 2012

(eg: 31 01 92) Day Month Year

National Insurance number If you do not have a National Insurance number, please leave blank.
(eg: A B 1 2 3 4 5 6 X)

Unique Learner Number (ULN), if known

2 Nationality/domicile

Have you been resident in the EU/EEA for the last three years? No Yes If yes, go to section 3

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)?

* EU & EEA Member States	Austria	Cyprus	Estonia	Germany	Iceland	Latvia	Luxembourg	Norway	Romania	Spain
	Belgium	Czech Republic	Finland	Greece	Ireland	Liechtenstein	Malta	Poland	Slovakia	Sweden
	Bulgaria	Denmark	France	Hungary	Italy	Lithuania	Netherlands	Portugal	Slovenia	Switzerland

Equality and diversity at ncn

The College is committed to providing equal access and equal chances for all our students. As part of our commitment, we monitor data on student gender, age, ethnicity and disability status. The information you provide is used only to help us monitor whether all our students have an equal chance to progress and succeed. It is essential that you complete sections 3 and 4 to enable us to ensure that our courses and services are accessible to 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

New College Nottingham is proud to work with students from 14 years upwards as part of its commitment to lifelong learning.

3 Personal identity

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> 35 White and Black Caribbean | <input type="checkbox"/> 39 Indian | <input type="checkbox"/> 44 African |
| <input type="checkbox"/> 32 Irish | <input type="checkbox"/> 36 White and Black African | <input type="checkbox"/> 40 Pakistani | <input type="checkbox"/> 45 Caribbean |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller | <input type="checkbox"/> 37 White and Asian | <input type="checkbox"/> 41 Bangladeshi | <input type="checkbox"/> 46 Any other Black/African/Caribbean background |
| <input type="checkbox"/> 34 Any other white background | <input type="checkbox"/> 38 Any other mixed/multiple ethnic background | <input type="checkbox"/> 42 Chinese | |
| | | <input type="checkbox"/> 43 Any other Asian background | |

Other ethnic group 47 Arab 98 Any other background not included above, please indicate below:

4 Support requirements

All students need to complete parts 4A, 4B and 4C 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 in the space provided.**

4A Disabilities (please tick (✓) any box that applies to you)

L15

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

4B 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:
<input type="text"/> |
| <input type="checkbox"/> 10 Dyslexia | <input type="checkbox"/> 98 No learning difficulty |
| <input type="checkbox"/> 11 Dyscalculia | |
| <input type="checkbox"/> 19 Other specific learning difficulty | |
| <input type="checkbox"/> 20 Autism Spectrum Disorder | |

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's 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.

4C Please tick (✓) to receive information about: childcare support financial support

5 UNDER 19s ONLY – school/college information

Last 11–16 school attended

Last 16–18 school/college attended

6 Are you currently employed? Yes No

If yes, how many hours do you work on average per week? hours

Name of employer/organisation

Job title/position

7 Which course would you like to study at New College Nottingham?

Please complete either box A or box B – whichever applies to you.

A The course I would like to study is: (If you are applying for 'A' Levels, please list the subjects.)

Is this an evening course? If yes, please tick (✓) here

B Not sure which course you would like to study?

Would you like a guidance interview to help you decide?
If yes, please tick (✓) here

Yes

If the course includes music, please state which instrument(s) you play:

All offers are subject to a satisfactory reference prior to starting your course.

Have you applied anywhere else? Yes No

If yes, please state where:

9 Personal statement (continued)

10 How did you find out about New College Nottingham? (Please tick (✓) all that apply.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Aimhigher | <input type="checkbox"/> Job centre | <input type="checkbox"/> Nottingham Evening Post | <input type="checkbox"/> Through the post |
| <input type="checkbox"/> Bus advert | <input type="checkbox"/> Hotcourses | <input type="checkbox"/> Overseas exhibition | <input type="checkbox"/> Train advert |
| <input type="checkbox"/> Car park advert | <input type="checkbox"/> Library | <input type="checkbox"/> Plasma screen | <input type="checkbox"/> Tram advert |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Messenger newspaper | <input type="checkbox"/> Previous student/enquirer at ncn | <input type="checkbox"/> TV |
| <input type="checkbox"/> Connexions/careers office | <input type="checkbox"/> Mobile billboard | <input type="checkbox"/> Promotional event | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Current information | <input type="checkbox"/> ncn open evening | <input type="checkbox"/> Radio local | <input type="checkbox"/> Other – please specify: |
| <input type="checkbox"/> Door drop | <input type="checkbox"/> ncn visit to your school | <input type="checkbox"/> Recommendation | <input type="text"/> |
| <input type="checkbox"/> Employer | <input type="checkbox"/> ncn website | <input type="checkbox"/> Recorder | |
| <input type="checkbox"/> Hucknall Dispatch
(was Hucknall & Bulwell Dispatch) | <input type="checkbox"/> Newspaper/magazine other | <input type="checkbox"/> School/teacher | |
| | <input type="checkbox"/> Nottingham & Long Eaton Topper | <input type="checkbox"/> Taxi advert | |

DATA PROTECTION STATEMENT 2011/2012

The personal information you provide is passed to the Chief Executive of Skills Funding (the Agency) and, when needed, the Young People's Learning Agency for England (the YPLA) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training, for example, Jobcentre Plus. Further information about use of and access to your personal data, and details of partner organisations are available at:

www.skillsfundingagency.bis.gov.uk/privacy.htm

www.ypla.gov.uk/privacy.htm

www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm

www.dwp.gov.uk/privacy-policy

At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt out of sharing participation and achievement data with those organisations listed in section 537A of the Education Act.

Details of data sharing can be found at www.learningrecordsservice.org.uk or by telephoning the LRS helpdesk on 0845 602 2589.

Please tick this box if you wish to opt out of sharing participation and achievement data.

The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone.

Tick this box if you do not wish to be contacted about courses or learning opportunities by post.

The College may share information with your parent(s)/guardian(s)/carer(s)/employer(s)/sponsor(s) regarding your enrolment.

Tick this box if you do not wish for such information to be disclosed about your enrolment.

Tick this box if you do not wish your details to be shared with schools or colleges previously attended by you.

11 Convictions

I have a previous conviction, or a pending prosecution, for a violent or sexual offence. Yes (tick (✓) if applicable)

Applicants with previous convictions will be subject to a fair assessment process. If you have any queries, please contact the **ncn** Call Centre on 0115 9 100 100 or email enquiries@ncn.ac.uk

12 Signature

Signature of applicant (all ages)

Date

Thank you for applying to New College Nottingham (**ncn**). Your application will be acknowledged within seven days.

Please send this application form in a **small envelope** to:

**Call Centre (Admissions), New College Nottingham,
Stoney Street, The Lace Market, Nottingham NG1 1NG
Tel: 0115 9 100 100 Email: enquiries@ncn.ac.uk**

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