

Confidential Statement by Referee - (Part B)

Please note; a copy of your form will be sent to your referee **if the reference is not completed.**

Name of Referee

Post/Occupation/Relationship

Address

Telephone No. (including STD) Fax No. (including STD)

This form may be photocopied: please write in black ink within the frame.

Please affix official stamp where appropriate, at the end of the statement.

Name of applicant (BLOCK CAPITALS PLEASE)

Signed: Date:

Higher Education Application Form



Please return completed form to:

Student Admissions, Southport College, Mornington Road, Southport PR9 0TT

Application Ref No:

1. Personal Details - (Part A)

Title: Mr/Ms/Miss/Mrs etc

Surname/Family Name (BLOCK CAPITALS)

First Name(s)

Previous Surname, if changed

Correspondence address

Postcode

Telephone No. (including STD code)

Daytime

Evening

Fax No

Home address (if different)

Postcode

Telephone No. (including STD code)

Daytime

Evening

Fax No

Sex: (Please tick) Male Female

Date of birth:

| Day | Month | Year |
|-----|-------|------|
| | | |

Your age on 31 December in year of entry

| Years | Months |
|-------|--------|
| | |

2. Ethnicity

Which ethnic group would you say you belong to?

- Bangladeshi Indian Black African
- Pakistani Black Caribbean White
- Black Other Other Asian Chinese
- Other Prefer not to say

3. Fee Status

Country of Birth

Nationality

Country of domicile or area of permanent residence

Applicants not born in the European Community please state:

- a. Date of first entry to the EC
- b. Date of most recent entry to the EC
- c. Date from which you have been granted permanent residence in the EC

| Day | Month | Year |
|-----|-------|------|
| | | |
| | | |
| | | |

Payment of Fees

Who is expected to pay your fees? (eg Research Council, LEA, yourself, family member, employer, other)

If an LEA, which one?
Have you previously received an educational award from UK public funds? Yes No If yes, please provide details:

Funding body

Course

Date

4. Details of Course(s) to which you wish to apply

Month and year in which you wish to start

| Course Title | Preliminary choice of main subjects/options (if appropriate) | Mode of study: full-time/sandwich/part-time/other (Please specify) |
|--------------|--|--|
| | | |
| | | |
| | | |
| | | |

Please indicate how you heard of these courses:

