Application for admission to a part-time course

(Under 15hrs week)

9197 : 26/7/07

Please return completed form to:
Enrolment Cordinator, Student Records, Southport College, Mornington Road, Southport PR9 0TT

About yourself Please write in BLOCK CAPITALS (using black ink)

Course applied for: .....

First name(s): ..... Surname: .....

Address: .....

..... Tel (home): .....

Address work (if applicable): .....

..... Tel (work): .....

Age (if under 18years): .....Nationality:.....

Present Employment (please tick):

Employed full-time ❑ Employed part-time ❑ Unemployed/unwaged ❑

Which ethnic group would you say you belong to?

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

Qualifications held Brief details of any qualifications held:

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Employment details

Brief details of current employment, if applicable, and/or any other relevant employment or experience:

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Support

Southport College is committed to ensuring that disabled people, including those with learning difficulties, are treated fairly. All reasonable adjustments to provision will be made to ensure that disabled people are not substantially disadvantaged.

In order for us to identify any support you may require, please tick as appropriate:

I have a learning difficulty or specific learning difficulty, eg dyslexia Yes ❑ No ❑

I have a disability Yes ❑ No ❑

I have a statement of special educational needs Yes ❑ No ❑

I have a support need with which the College can help Yes ❑ No ❑

I have a medical condition, eg diabetes, asthma Yes ❑ No ❑

Please state: .....

.....

Your signature

Prior to enrolment all applicants will be asked to attend an informal interview.

In some circumstances a telephone interview may be arranged. All prospective applicants may telephone for an informal discussion prior to interview if required. In either case please comtact the Student Enrolment Cordinator on 01704 392709, who will put you in touch with the appropriate course leader.

Signature: ..... Date: .....

The College collects and keeps information from applicants for courses so that we can provide management with information for planning purposes. If you do not want us to do this please indicate by ticking the box below

I do not want you to keep my details on file if I am unsuccessful in my application or should I decide to withdraw my application ❑