

APPLICATION FOR ENGLISH LANGUAGE COURSES 2011/2012.

If you need help to fill in this application form, or you have a questions about our English as a foreign language courses, contact our team at:

International Office, Colchester Institute

Tel: 01206 712158

email: efl@colchester.ac.uk

Website: www.colchester.ac.uk/international

Please complete both sides of the form in CAPITAL LETTERS in black ink

Personal Details		Person Code (for office use)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Surname/Family Name	<input type="text"/>	First Names	<input type="text"/>								
Previous Surname	<input type="text"/>	Known as (if different)	<input type="text"/>								
Date of Birth	<input type="text"/>	Age at 31.08.2011	<input type="text"/>								
Current Address	<input type="text"/>										
	Postcode		<input type="text"/>								
Home Telephone	Mobile		<input type="text"/>								
Email	What is your Nationality?		<input type="text"/>								
Which country/countries you have been living in before arriving in England?											
Country/Countries	<input type="text"/>	Date of Entry into the UK	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>
Please tick this box if you are an Au-pair			<input type="checkbox"/>	What is your immigration status							<input type="text"/>

Complete section below to confirm your course choice (please tick box to confirm choice)

ESOL English for Speakers of Other Languages	PART-TIME (3-4 hours per week) <input type="checkbox"/>	FULL-TIME (10-12 hours per week) <input type="checkbox"/>	IELTS (5.0—7.0) (3 hours per week) <input type="checkbox"/>	FULL-TIME EFL 15-18 hours per week <input type="checkbox"/>
EFL (3 hours per week) English as a Foreign Language)	PET (A1) <input type="checkbox"/>	FCE (B2) <input type="checkbox"/>	CAE (C1) <input type="checkbox"/>	CPE (C2) <input type="checkbox"/>
ESOL at Braintree English for Speakers of Other Languages	PART-TIME (3 hours per week) <input type="checkbox"/>	We offer courses from entry level to advanced, your language will be assessed before the start of the course and you will be offered a place appropriate to your English language ability.		

Learning Support

Colchester Institute is committed to meeting the requirements of our learners and offers services to support learners with additional needs, learning difficulties and medical conditions. These may include: Physical disability or reduced mobility, hearing or visual impairment, learning difficulties such as dyslexia, dyspraxia, semantic pragmatic disorder, mental health difficulties, ADHD, emotional, social and behavioural difficulties.

Do you consider yourself to have a learning difficulty? YES NO

If YES, please tick below which most describes your learning difficulty.

10 <input type="checkbox"/> Dyslexia	01 <input type="checkbox"/> Moderate learning difficulty
11 <input type="checkbox"/> Dyscalculia	02 <input type="checkbox"/> Severe learning difficulty
20 <input type="checkbox"/> Spectrum Disorder	90 <input type="checkbox"/> Multiple learning difficulties
19 <input type="checkbox"/> Other specific learning difficulties*	97 <input type="checkbox"/> Other *

*Please state details

CONTINUED OVERLEAF...

Do you consider yourself to have a disability and/or medical condition? YES NO

If YES, please tick below which most describes your disability or medical condition.

01 <input type="checkbox"/> Visual Impairment	07 <input type="checkbox"/> Mental health difficulty
02 <input type="checkbox"/> Hearing Impairment	08 <input type="checkbox"/> Temporary disability after illness or accident
03 <input type="checkbox"/> Disability affecting mobility	09 <input type="checkbox"/> Profound complex disabilities
04 <input type="checkbox"/> Other physical disability	10 <input type="checkbox"/> Asperger syndrome
05 <input type="checkbox"/> Other medical condition* (e.g epilepsy, asthma)	90 <input type="checkbox"/> Multiple disabilities
06 <input type="checkbox"/> Emotional/behavioural difficulties	97 <input type="checkbox"/> Other*

*Please state details

Equal Opportunity - Colchester Institute aims to provide a welcoming environment in which all learners are encouraged to realise their full potential, where every individual is valued and offered equal opportunity to progress.

Criminal Convictions

Do you have a Criminal Conviction? YES NO

If 'YES' you will be asked to complete a Self Declaration Form. This information is only required to assist us to fulfil our responsibilities to assess any potential risk to the large number of young students in the College and will be treated in confidence.

Where did you hear about Colchester Institute? (Please ONLY tick one)

Careers Advisor <input type="checkbox"/>	Open Event <input type="checkbox"/>	Website <input type="checkbox"/>
Current/Past Student <input type="checkbox"/>	Newspaper Advert <input type="checkbox"/>	School <input type="checkbox"/>
Prospectus <input type="checkbox"/>	Radio Advert <input type="checkbox"/>	Employer/Sponsor <input type="checkbox"/>
Friend/Family <input type="checkbox"/>	Learning Shop <input type="checkbox"/>	Other Advert <input type="checkbox"/>
UCAS <input type="checkbox"/>	Other <input type="checkbox"/>	Recruitment Fair <input type="checkbox"/>

Declaration

The information given on this application form is correct to the best of my knowledge. I agree to Colchester Institute processing personal and sensitive data collected on this form, or other data obtained from me, or other relevant people during the application process. I agree to the processing of such data for any purposes connected with my application and studies, or my health and safety while on the premises or for any other legitimate reason. I authorise my school/ college, employer or other third party to provide Colchester Institute with a pre-admission reference. I understand that Colchester Institute may share information with my school or careers advisor, if relevant.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordservice.org.uk/privacynotice.

Signature: _____

If under 18 years of age this section must be completed.

Parent/Guardian Signature: _____

Date: _____

Please print name (parent/guardian): _____

Please send your completed application to:

**International Office,
Colchester Institute,
Sheepen Road, Colchester, Essex, CO3 3LL.
Fax: +44(0)1206712800 Email: efl@colchester.ac.uk**