

APPLICATION FOR PART-TIME COURSES commencing between September 2011 and June 2012

If you need help to fill in this application form, or you have a question about part-time courses at Colchester, Clacton or Braintree, contact our team:  
Telephone: (01206) 712777 email: info@colchester.ac.uk Website: www.colchester.ac.uk  
**Please complete both sides of the form in CAPITAL LETTERS in black ink**

**PERSONAL DETAILS**

|   |   |
|---|---|
| Title (Mr/Mrs/Miss/Ms/Other)  | Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Surname/Family Name   | First Names   |
| Previous Surname  | Known as (if different)   |
| Date of Birth   | Age at 31.08.2011   |
| Current Address   |   |
|   | Postcode  |
| Home Telephone  | Mobile  |
| Email   | What is your Nationality?   |
| Have you been resident in the United Kingdom for the last 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| If NO, please indicate which country/countries you have been living in for the last 3 years and date of entry               |   |
| Country/Countries   | Date of Entry into the UK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   | DAY MONTH YEAR  |

**LEARNING SUPPORT**

Colchester Institute is committed to meeting the requirements of our learners and offer 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"/> Autism   | 90 <input type="checkbox"/> Multiple learning difficulties |
| 19 <input type="checkbox"/> Other specific learning difficulties (ADHD, speech or language disorder) | 97 <input type="checkbox"/> Other*                         |

\*Please state details

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

If YES, please tick below which most describes your disability and/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.

**Please complete section below to inform us of your course choice. You have a maximum of two choices and you must list your choices in order of preference.**

|            | Course Code (if shown) | Course Title |
|------------|------------------------|--------------|
| 1st Choice |                        |              |
| 2nd Choice |                        |              |

**For courses which are offered on more than one campus the postcode for where you are living will determine where you are offered a place.**

Please provide details below of any relevant work experience or qualification.

| Qualification/Employer<br><small>(include dates, grades and contact details where possible)</small> | Date Completed | Grades/Experience gained |
|---|----------------|--------------------------|
|   |                |                          |

### 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"/>      | UCAS <input type="checkbox"/>        | Learning Shop <input type="checkbox"/>    | Newspaper <input type="checkbox"/>        |
| Current/Past Student <input type="checkbox"/> | Open Event <input type="checkbox"/>  | Website <input type="checkbox"/>          | Recruitment Fair <input type="checkbox"/> |
| Prospectus <input type="checkbox"/>           | Direct Mail <input type="checkbox"/> | School <input type="checkbox"/>           | Other <input type="checkbox"/>            |
| Friend/Relative <input type="checkbox"/>      | Radio <input type="checkbox"/>       | Employer/Sponsor <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](http://www.learningrecordservice.org.uk/privacynotice).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name (parent/guardian): \_\_\_\_\_

Where you send your completed application will depend on where you are applying to study. Please see the two addresses below:

For all courses at Colchester and Clacton please send your completed application to:

**Admissions Department  
Colchester Institute, Sheepen Road,  
Colchester, Essex, CO3 3LL**

For all courses at Braintree please send your completed application to:

**The Information Centre  
The College at Braintree, Church Lane,  
Braintree, Essex, CM7 5SN**

**IMPORTANT: What will happen next?**






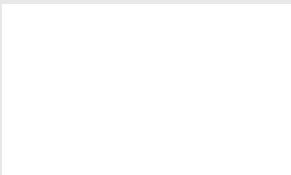
We will contact you if your chosen course requires an interview/preview as soon as possible. Once your application has been approved we will contact you with enrolment and fee details. Please keep us informed if you change your address, contact details, or if you are no longer interested in the course(s).

CHANGED YOUR COURSE CHOICE? NO NEED TO SUBMIT A NEW FORM, CONTACT OUR TEAM ON (01206) 712777 OR EMAIL [info@colchester.ac.uk](mailto:info@colchester.ac.uk).

All our information is available in paper and computer format. If you require an alternative format, for example LARGE PRINT, audio or in a language other than English we will do our best to assist and we will inform you how long this will take.

**On receipt of your application we will return the attached acknowledgement slip to you.  
Please complete in full but do not detach from your application.**



|  |  |   |
|--|--|---|
| <br> | <br> |  |
| ACKNOWLEDGEMENT (please complete in BLOCK CAPITALS)  |  | College Stamp   |
| Name   |  |  |
| Address  |  |   |
|  |  |   |
| Postcode   |  |   |
|  |  | (Office use only)   |