

PART-TIME COURSE STUDENT APPLICATION FORM

For most part-time courses, application
and payment can be made by telephone.
Please call 01305 215215

PLEASE COMPLETE ALL FIELDS

1. PERSONAL DETAILS

Title _____ Full Name _____ Male / Female

Age on Sept 1 2017 / 2018 _____ Date of Birth _____ Nationality _____
(year you start your course)

Home Address _____ Mailing Address (if different) _____

Post Code _____ Post Code _____

Tel No. _____ Mobile No. _____ Email _____

2. YOUR COURSE

Please let us know the courses you would like to take.
Each course reference number can be found in the prospectus under each course title.

1. _____ Course Code _____
2. _____ Course Code _____
3. _____ Course Code _____

When would you like to start? Month _____ Year _____

3. PAYMENT INFORMATION

Payment methods are as follows and payments are due upon booking. (Please tick)

I would like to pay now and enclose a cheque for £ _____

I will pay via credit or debit card on **01305 215215**

4. HOW DID YOU FIND OUT ABOUT THIS COURSE?

- | | | |
|---|---|--|
| <input type="checkbox"/> Careers Evening | <input type="checkbox"/> Employer | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Connexions | <input type="checkbox"/> Hotcourses |
| <input type="checkbox"/> College Newsletter | <input type="checkbox"/> Leaflets | <input type="checkbox"/> Local Radio |
| <input type="checkbox"/> Open Day | <input type="checkbox"/> Prospectus | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Friend / Relations | <input type="checkbox"/> School career advice | <input type="checkbox"/> Shows / Exhibitions |
| <input type="checkbox"/> Taster day / Link course | <input type="checkbox"/> Visitors to Garden / Park / Events | <input type="checkbox"/> Website |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Telephone | |

Other:

5. ADDITIONAL LEARNING / DISABILITIES:

Do you have a disability and / or medical condition? Yes No If 'yes', please indicate:

- Visual impairment (01) (excluding glasses) Hearing impairment (02) Disability affecting mobility (03)
- Other physical disability (04) Other medical condition* (05) (e.g. epliepsy, asthma, diabetes)
- Emotional / behavioural difficulties (06) Mental ill health (07)
- Temporary disability after illness (08) (e.g. post viral) or accident
- Profound, complex disabilities* (09) Multiple disabilities (90) Other* (97)

*Please tick box and provide further detail

Please list any support needs that you have in order to be able to attend an interview (eg. wheelchair user):

Do you have a learning difficulty? Yes No If 'yes', please indicate:

- Moderate learning difficulty (01) Severe learning difficulty (02) Multiple learning difficulties (90)
- Other specific learning difficulty (19) Dyslexia (10) Dyscalculia (11)
- Autism Spectrum Disorder (20) Other (97)

If you need advice or guidance regarding disability or learning difficulty, please contact us for additional learning support.

6. BACKGROUND:

- Living in a hostel Asylum seeker Mental health problems
- Refugee Traveller Ex-offender
- Interrupted schooling Full-time carer In, or recently left, care
- Recovering alcohol / drug addict

Please return this form to: Part-Time Courses, Kingston Maurward College, Dorchester, Dorset, DT2 8PY

7. DATA PROTECTION

The information you provide on this application form will be retained by Kingston Maurward College for reference. It will not be made available to any third party organisations except those who have a direct involvement with the facilitation of college courses.

Student Signature _____

Date _____

