

Kingston Maurward College

Full-Time Courses Application Form

2015/16

**PLEASE COMPLETE
ALL FIELDS**

1. Personal details

Title _____ Full Name _____ Male / Female

Age on Sept 1 2015 _____ Date of Birth ____ / ____ / ____ Nationality _____
(year you start your course)

Home Address _____

Emergency Contact Details:

Name _____

Tel No. _____

Mobile No. _____

Relationship to You _____

Email _____

Post Code _____

Tel No. _____ Mobile No. _____

Email _____

NI Number _____

2. Your course

Please let us know your choice of course below. Codes can be found in the full-time courses guide next to the course title.

1st Course choice _____ Course Code _____

2nd Course choice _____ Course Code _____

3. Examinations

Already taken and / or to be taken in the current academic year. Please list in order taken.

NB: Failure to disclose this information may affect your application. You will be required to provide original certificates when you enrol.

Level (GCSE / NVQ)	Date taken / due to be taken	Subject	Actual or predicted grades (please indicate)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continue on a separate page if needed

4. Relevant practical experience and employment

Please give any details of work experience relevant to your choice of course. Please continue on a separate sheet if necessary.

5. Career ambitions

6. Hobbies and Interests

7. Present , or most recent school, college or education provider

8. Accommodation

Are you planning to apply for accommodation on campus? Yes No

9. How did you hear about Kingston Maurward College?

10. Additional learning needs / disabilities:

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual impairment (01) (excluding glasses) | <input type="checkbox"/> Other medical condition* (05)
(e.g. epilepsy, asthma) | <input type="checkbox"/> Temporary disability after illness (08)
(e.g. post viral) |
| <input type="checkbox"/> Hearing impairment (02) | <input type="checkbox"/> Emotional / behavioural difficulties (06) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Disability affecting mobility (03) | <input type="checkbox"/> Profound, complex disabilities* (09) | <input type="checkbox"/> Aspergers syndrome (10)) |
| <input type="checkbox"/> Other physical disability (04) | <input type="checkbox"/> Mental ill health (07) | <input type="checkbox"/> Other* (97) |

*Please tick box and provide further details

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

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

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

If you need advice or guidance regarding disability or learning difficulty, please contact us for additional learning support. We collect this information to enable us to give you relevant support while you are at college.

11. Do you have any unspent criminal convictions?

Yes No If 'yes' please give details below:

12. References

Please give the **name and full postal address** of your referee. Your referee must be from your last school, college or employer.

Academic / Employment
Full contact name and address: _____
_____ Post Code _____
Relationship to you _____

13. I apply for admission to Kingston Maurward College

Student signature _____ Date _____

For applicants under the age of 18:

I (as a parent, guardian or major) undertake to pay all the relevant fees and other charges due to Kingston Maurward College, in accordance with the rules, in respect of the above applicant. I understand that residential fees are payable termly in advance and non-refundable as published.

Parent signature _____ Date _____

Please return this form to:

Registrar, Kingston Maurward College, Dorchester, Dorset, DT2 8PY

14. 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.

