

1. Personal details

Title _____ Full Name _____ Male / Female

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

Home Address _____

Post Code _____

Tel No. _____ Mobile No. _____

Email _____

Please complete the email address as this is our primary method of contacting you

NI Number _____

Emergency Contact Details:

Name _____

Tel No. _____

Mobile No. _____

Relationship to You _____

Email _____

2. Your course

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

1st Course choice _____ Course Code _____

3. How did you hear about Kingston Maurward College?

4. Additional Support for Learning and/or Disability*

Please indicate any needs you may have eg. learning difficulties, disabilities or health needs, so that we can plan appropriate support for you.

I have a disability Yes No I have a learning difficulty Yes No

If yes, please tick all relevant boxes below and circle the most significant or primary learning disabilities/difficulties that will impact on your learning.

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other medical condition | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other disability | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Profound complex disability | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Mental health disability | <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Severe learning difficulties | |
| <input type="checkbox"/> Temporary disability after illness | <input type="checkbox"/> Dyslexia | |

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

Do you have an Education Health Care Plan (EHCP)?* Yes No

I understand that failure to disclose any of the above information may affect my place at Kingston Maurward College*

5. Do you have any unspent criminal convictions? Yes No If 'yes' please give details below:

6. I apply for admission to Kingston Maurward College

Student signature _____ Date _____

Please return this form to:

Student Admissions, Kingston Maurward College, Dorchester, Dorset, DT2 8PY

7. Data protection*

I understand that the information I provide for my application will be retained by Kingston Maurward College in order to process my application and generate a place for me at College. This information will be held securely by the College in accordance with the requirements of the Education and Skills Funding Agency and the College's Data Protection Policy. It will not be made available to any third party organisations except those who have a direct involvement with the facilitation of college courses. If I choose not to study with Kingston Maurward College the information on my application form will be destroyed.

* Please note the completion of these fields is compulsory