

# Course Application Form 2012/2013

## 1. About You

Title (e.g. Mr, Miss)	Surname	First Name(s)								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
Gender	Surname at age 16	Familiar Name								
Male <input type="checkbox"/>	<input type="text"/>	<input type="text"/>								
Female <input type="checkbox"/>										
Home Address	Date of Birth									
<input type="text"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>E</td><td>A</td><td>R</td> </tr> </table>		D	D	M	M	Y	E	A	R
D	D	M	M	Y	E	A	R			
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	Postcode	<input type="text"/>								
Mobile Number	E-Mail	Home Number								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
Work Number	Emergency Contact name	Emergency Contact No.								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
National Insurance Number	(person to contact if you become ill)									
<input type="text"/>										

**FOR COLLEGE USE ONLY**

Type of ID Verification

Verified by

## 2. Nationality

**Your National Identity (please tick one of the below):**

Welsh <input type="checkbox"/>	English <input type="checkbox"/>	British <input type="checkbox"/>	Other Please State <input type="text"/>
Scottish <input type="checkbox"/>	Irish <input type="checkbox"/>		

**Your Ethnic Identity (please tick one of the below) :**

11 White <input type="checkbox"/>	32 Asian Pakistani <input type="checkbox"/>	42 Mixed White/Black African <input type="checkbox"/>
21 Black Caribbean <input type="checkbox"/>	33 Asian Bangladeshi <input type="checkbox"/>	43 Mixed White/Black Asian <input type="checkbox"/>
22 Black African <input type="checkbox"/>	34 Chinese <input type="checkbox"/>	49 Other Mixed <input type="checkbox"/>
29 Other Black <input type="checkbox"/>	39 Other Asian <input type="checkbox"/>	80 Other Ethnic Identity <input type="checkbox"/>
31 Asian Indian <input type="checkbox"/>	41 Mixed White/Black Caribbean <input type="checkbox"/>	99 Information Refused <input type="checkbox"/>

## 3. Residency

Have you been a resident of the UK or another EU country for the last 3 years or more?

Yes   
**If yes, please go to section 4.**  
 No

If no, what date did you enter the UK?

Country of Origin, before start of learning programme

## For Office use

Interviewer	Date & Time
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**8. Is there anything you need help with? please tick all that apply**

- |                               |                          |                           |                          |                     |                          |
|-------------------------------|--------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| Reading and Writing           | <input type="checkbox"/> | Childcare                 | <input type="checkbox"/> | Careers Advice      | <input type="checkbox"/> |
| Maths                         | <input type="checkbox"/> | Benefits Advice           | <input type="checkbox"/> | Going to University | <input type="checkbox"/> |
| English as a foreign language | <input type="checkbox"/> | Financial Support         | <input type="checkbox"/> | Apprenticeships     | <input type="checkbox"/> |
| Dyslexia                      | <input type="checkbox"/> | Supporting a special need | <input type="checkbox"/> | Applying for Grants | <input type="checkbox"/> |

**9. Additional Learning Needs/Special Requirements**

We are committed to promoting equal opportunities and access for all our learners. Disclosures will be treated sensitively and in order to put in place any support or reasonable adjustments to meet your individual needs and requirements.

Do you have disabilities, health problems or any other conditions (e.g. dyslexia, aspergers, dyspraxia) which might affect your studies at the College: (give details if yes) YES / NO
Do you regularly take any medication: (give details if yes)      YES / NO
Do you claim allowances for disability      YES / NO
Does anyone outside the college support your needs e.g. Social worker.      YES / NO (if yes provide details)
Do you give permission for us to contact this person if the need should arise?      YES / NO
Please note : Members of staff are not allowed to administer medication. Students who develop a medical condition or are prescribed medication should make their tutor aware as soon as possible. We can only support your needs if you tell us about them.

**10. Course Application:**

PLEASE NOTE: APPLICATIONS ARE WELCOME TO COURSES AT ALL CAMPUSES. HOWEVER, WE WILL USUALLY OFFER YOU AN INTERVIEW AT THE CAMPUS CLOSEST TO YOUR HOME FOR YOUR CONVENIENCE AND TO REDUCE TRAVEL TIMES AND COSTS.

**If you change your mind about the course you want to apply for please phone our Admission Team on 01443 662800. DO NOT COMPLETE ANOTHER FORM.**

AS/A Level subjects ONLY:  
(Please select up to 4 subjects for A Level)


Vocational or other courses:  
(e.g. BTEC, NVQ, Apprenticeship Route)

1st choice:
2nd choice:

**Which would you prefer to study? - Full Time?  Part Time Day?  Evening?**

**Which Campus Would you prefer to study at: \_\_\_\_\_**

## 11. Items to note:

- All the information you provide will be dealt with in the strictest confidence (see college data protection policy).
- During the admission process other information and your photo will be taken to help us know more about you and support you.
- We may have to show your records to the organisations that fund or support you or us under audit arrangements
- We base our advice on the information you have provided us with so it is important that it is as full and accurate as possible.
- If you have difficulty completing the form a member of staff will be pleased to help you. Don't be afraid to ask.
- The course you choose may be partly funded by the European Union.
- The College is committed to equal opportunities and will attempt to make arrangements to meet your individual needs wherever reasonable and practical.
- College Policies are available to view on our website, in any of our Learning Centres or by request.
- If you withdraw from enrolment you must return any bus pass, equipment, grant or other item of value received from the College and pay any outstanding fees.

**Unique Learner Number (ULN)** – Please tick this box if you **do not** give permission for your participation and achievement information to be shared with other parties.

**If you know your ULN please enter it here** \_\_\_\_\_

## 12. Declaration

If sponsored by an employer. I give permission to the College to disclose information regarding my studies to my employer.

If under 18 years old I am happy for my parents or legal guardian to receive information relating to my progress.

I agree to the College using my mobile telephone number to contact me regarding my application and while I am on my course regarding arrangements around my studies. To do this we release your name and number to Edutext who provide our messaging service. Your details will not be used by any other party.

(Please cross out any part of the above declaration you are not happy to agree to)

## Data Protection Act 1998

The College collects information about all of our staff and students. This is for various business purposes and health and safety reasons. We have to make sure that we follow the Data Protection Act 1998.

Information you provide on this application form will be passed to the Welsh Assembly Government (WAG) and organisations that need your details for certification, funding, registration and examination purposes, which are registered under the Data Protection Act 1998. Information on student destinations will be shared with Careers Wales.

The registration is mainly for the collection and analysis of statistical data but it also lets WAG share information with other organisations to help to stop fraud. You can get more information about how we use data from the College Management Information Unit.

**Signed:** \_\_\_\_\_

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

**After Completion please send the form to your preferred Campus by selecting one of the below:**

Coleg Morgannwg, **Nantgarw Campus**, Heol yr Odyn, Parc Nantgarw, Cardiff CF15 7QX

Coleg Morgannwg, **Aberdare Campus**, Cwmdare Road, ABERDARE. CF44 8ST

Coleg Morgannwg, **Rhondda Campus**, Llwynypia, TONYPANDY. CF40 2TQ

### For Office use – Tutor's recommendation

Course Title	Course Number	Offer Status C=cond'l , UC=uncond'l S= shortlist	Mode of Attendance