

Office use only

Student reference number

## APPLICATION FORM FOR FULL-TIME AND PART-TIME COURSES 2011

Please complete all the white areas of the form

Title of course applied for		Please tick relevant box	
First choice:		Full-time	<input type="checkbox"/>
Second choice (if required):		Part-time day	<input type="checkbox"/>
		Part-time eve	<input type="checkbox"/>

Personal details			
First name	Middle name(s)	Family name/surname	Title: Mr/Mrs/Miss/ Ms/other
Male/female	Date of birth	National Insurance number (if received)	Age you will be on 31 August 2011
Permanent address (where we can send letters to you)			Postcode
How long have you lived here at this address?	Have you lived outside the UK within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what date did you arrive and what is your status within the UK?	
Home telephone number	Mobile number	Email address	
If you are under 19 years old, please give the name and address of your last secondary school/college			
Please state the main language spoken in your home			

Your education					
Subject	Level (e.g. GCSE)	Grade	Actual	Predicted	Year taken/ to be taken
			(please tick)		

## Your education (please continue on an extra sheet of paper and attach if necessary)

Subject	Level (e.g. GCSE)	Grade	Actual	Predicted	Year taken/ to be taken
			(please tick)		

## Employment (completion of this section is optional)

If you have an employer, please provide their name and address

Employer's telephone number

What position do you hold?

Do you work full-time or part-time?

## Your interests

What jobs or careers are you interested in?

What hobbies or interests do you have? Do you do any voluntary work or belong to any clubs?

**How did you first learn that the College provided a course to suit your needs?**

- |   |  |   |   |
|---|--|---|---|
| Present/past learner <input type="checkbox"/> | School <input type="checkbox"/>          | 'The Post' newspaper <input type="checkbox"/>     | College website <input type="checkbox"/>        |
| Friend/Family <input type="checkbox"/>        | Employer <input type="checkbox"/>        | 'The Recorder' newspaper <input type="checkbox"/> | Other website <input type="checkbox"/>          |
| Careers event <input type="checkbox"/>        | Telephone <input type="checkbox"/>       | 'The News' newspaper <input type="checkbox"/>     | (please specify)                                |
| Careers Service <input type="checkbox"/>      | Radio <input type="checkbox"/>           | 'The Express' newspaper <input type="checkbox"/>  | .....   |
| College open event <input type="checkbox"/>   | Bus advertising <input type="checkbox"/> | 'Yellow Advertiser' <input type="checkbox"/>      | Other (please specify) <input type="checkbox"/> |
| Learner Help Centre <input type="checkbox"/>  | Poster <input type="checkbox"/>          | Other newspaper <input type="checkbox"/>          | .....   |

Are you an Ex-Offender, currently under Probation or Youth Offending Services

Yes  No

## Additional Learning Support

**Please tick this box**  if you would like us to arrange a confidential interview to discuss the support options we can offer, to ensure that you can fully access your course. We can provide a range of support for learners with disabilities, learning difficulties and medical conditions, for example learners with dyslexia, visual and hearing impairments, mobility difficulties, mental health difficulties and epilepsy.

Please specify below the type of support you think you might need:

.....

## Declaration

I wish to apply to Barking & Dagenham College for a Further/Higher Education course. I agree that the College authorities may ask my last school or college and/or my present employer for references. I accept that personal details from this form will be used for internal administrative purposes only and will not be shared with any third party. The full Barking & Dagenham College Data Protection statement can be viewed on our website [www.barkingdagenhamcollege.ac.uk](http://www.barkingdagenhamcollege.ac.uk) or alternatively mailed out upon request.

Signed: .....

Date: .....

(please ensure you have inserted your course choice overleaf)

**Please return your completed form to:**

Engagement Services  
Barking & Dagenham College  
Dagenham Road, Romford, Essex RM7 0XU  
**020 8090 3020**  
[engagement.services@barkingdagenhamcollege.ac.uk](mailto:engagement.services@barkingdagenhamcollege.ac.uk)

