

APPLICATION FORM



Please complete this form (in black or blue ink using BLOCK CAPITALS) and return it to:

The Admissions Office, Lancaster and Morecambe College, Morecambe Road, Lancaster, LA1 2TY

This is publication is available in different formats, fonts, language, Braille or audio tape on request from Student Services.

Mr/Miss/Mrs/Ms/other (please state) _____ Surname _____

Forename(s) _____ Date of birth _____ Gender (Male/Female) _____

National Insurance No (if known) _____ Address _____

Postcode _____ Home Tel. No. (inc. area code) _____

Mobile Tel. No. _____ Email _____

Nationality _____ Main place of residence for the last 3 years (please tick below) England

Other EU Country (please state) _____ Other non-EU Country (please state) _____

If you have been in full time education for the last three years please state the school or college you attended/are attending:

Town _____ County _____

Please list in order of preference, which courses you are applying for: 1. _____

2. _____ 3. _____

Before having a formal interview I would like some general guidance about my choice of course or career from a Student Services Adviser or the Equality & Diversity Officer (*specific detailed course information will be available at your formal interview*)

If you have a learning difficulty, disability or health problem please tick all the boxes below that apply to you:

Communication difficulty Dyslexia Specific Learning Difficulty Learning Difficulty

Visual Impairment Hearing Impairment Mental Health Difficulty Physical Disability

Learning Support (e.g. help with reading, writing or spelling) Have you ever had exam concessions

Other disability or medical condition: epilepsy, asthma, diabetes, please explain _____

If you tick one of the boxes above, we will contact you to see how we can best meet your needs

Lancaster & Morecambe College Data Protection Declaration

Information you provide on this application form will be passed to the Learning and Skills Council (LSC) and to the Department for Education and Skills which are registered under the Data Protection Act 1998 for statistical and monitoring purposes. Individual data may be sent to the careers services (Connexions), Local Education Authorities and Government Benefit Agencies. The data protection registration also allows the LSC to share information with other organisations for the purpose of detecting fraud. Data will also be sent to Examination Boards and other Awarding Bodies to be processed for the purpose of registration, entry, marking, assessment and the issue of results and certificates. Information may be sent to the above agencies electronically or by the Internet. GCSE and A/AS results will be published in local newspapers. Your data held at the College may be requested from the College's Data Controller (Deputy Principal). By signing this application form you acknowledge and agree to Lancaster & Morecambe College holding and processing data in this way. Please note that the College reserves the right to contact you in relation to your course of study but that you may decide not to be contacted for other purposes by ticking the box.

What exams or qualifications have you taken or are you taking? *(if necessary attach a separate sheet with your name clearly marked at the top)*

Subject	Level	Result (if known)	Year

Employment or work experience

Description	From	To

Please provide a statement in support of your application, giving reasons for applying for your chosen course(s)

(If necessary attach a separate sheet with your name clearly marked at the top)

I would like to know more about: (Please tick)

- College Nursery
 College Charter
 Additional Learning Support
 Student Services
 Travelling to College
 Studying whilst on benefits
 Information on help with the cost of childcare, travel, some course expenses and educational visits

To help us arrange an interview that suits you, please specify any dates/times that you will be unavailable for interview

(for example times that you may be working or on holiday). _____

Ethnic Origin

The following information is for statistical purposes and will be treated as confidential. Please tick the box below which describes your personal identity

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian or Asian British: Bangladeshi | <input type="checkbox"/> Black or Black British: Caribbean | <input type="checkbox"/> Mixed: White & Black Caribbean |
| <input type="checkbox"/> Asian or Asian British: Indian | <input type="checkbox"/> Black or Black British: other Black | <input type="checkbox"/> Mixed: other Mixed background |
| <input type="checkbox"/> Asian or Asian British: Pakistani | <input type="checkbox"/> Chinese | <input type="checkbox"/> White: British |
| <input type="checkbox"/> Asian or Asian British: other Asian | <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Black or Black British: African | <input type="checkbox"/> Mixed: White & Black African | <input type="checkbox"/> White: other White background |
| | | <input type="checkbox"/> Any other |

Signed _____ Date _____