



# Application for Admission onto a Full-Time College Course

For details of the application process please refer to page 10 'Interested? What next?'  
If you're not sure about anything at this stage please call us on 0808 100 3626 or 01623 413 639

Once completed, please return in an envelope to:

**FREEPOST**  
The Admissions Team  
West Nottinghamshire College  
Derby Road  
Mansfield  
NG18 5BR

Please fill in all sections (AND USE BLOCK CAPITALS)

If you need assistance, phone the Admissions Hotline on 01623 413639

(FOR OFFICE USE ONLY)

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## Personal Details

Forename: ..... Mr /Mrs / Miss / Ms

Surname: ..... Date of Birth: .....

Address: ..... Telephone No: .....

..... Mobile No: .....

..... Email: .....

Postcode:

Have you been a resident of the UK for the last 3 years?  Yes  No

## Which course(s) are you applying for?

*First Choice* *Second Choice*

Course Title:..... Course Title:.....

## Education Details

Did you attend a West Nottinghamshire College course last year?  Yes  No

If yes - which course? .....

Last school attended: .....

Dates from: Month ..... Year ..... to: Month ..... Year .....

## How would you describe your ethnic origin?

<input type="checkbox"/> 11 Asian – Asian British-Bangladeshi	<input type="checkbox"/> 16 Black – Black British-Caribbean	<input type="checkbox"/> 21 Mixed – White & Black Caribbean
<input type="checkbox"/> 12 Asia – Asian British-India	<input type="checkbox"/> 17 Black – Black British-other Black background	<input type="checkbox"/> 22 Mixed – other Mixed background
<input type="checkbox"/> 13 Asia – Asian British-Pakistani	<input type="checkbox"/> 18 Chinese	<input type="checkbox"/> 23 White – British
<input type="checkbox"/> 14 Asian – Asian British-other Asian background	<input type="checkbox"/> 19 Mixed – White & Asian	<input type="checkbox"/> 24 White – Irish
<input type="checkbox"/> 15 Black – Black British-African	<input type="checkbox"/> 20 Mixed – White & Black African	<input type="checkbox"/> 25 White – other White background
		<input type="checkbox"/> 98 Any other

## Are you affected by any of the following which may have an impact on your time in College?

<input type="checkbox"/> 15/01 Blind/Visual Impairment	<input type="checkbox"/> 15/06 Emotional/Behavioural Difficulties	<input type="checkbox"/> 16/02 Severe Learning Difficulty
<input type="checkbox"/> 15/02 Deaf/Hearing Impairment	<input type="checkbox"/> 15/07 Mental Ill Health	<input type="checkbox"/> 16/10 Dyslexia
<input type="checkbox"/> 15/03 Disability Affecting Mobility	<input type="checkbox"/> 15/08 Temporary Disability After Illness	<input type="checkbox"/> 16/11 Dyscalculia
<input type="checkbox"/> 15/04 Other Physical Disability	<input type="checkbox"/> 15/09 Profound Complex Disabilities	<input type="checkbox"/> 16/19 Other Specific Learning difficulties (e.g. Autism, Aspergers, Dyspraxia)
<input type="checkbox"/> 15/05 Medical Condition (e.g. Epilepsy, Asthma, Diabetes)	<input type="checkbox"/> 15/90 Multiple Disabilities	<input type="checkbox"/> 16/90 Multiple Learning Difficulties
	<input type="checkbox"/> 16/01 Moderate learning Difficulty	



