



**Please supply any supporting information for your application** (use separate paper if needed)

Is Vision West Nottinghamshire College your first choice?  Yes  No

Do you have an (Education Health and Care Plan) EHC Plan?  Yes  No

**What is your ethnic group?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> 37 White and Asian                              | <input type="checkbox"/> 43 Any other Asian background                       |
| <input type="checkbox"/> 32 Irish   | <input type="checkbox"/> 38 Any other mixed / multiple ethnic background | <input type="checkbox"/> 44 African  |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller                              | <input type="checkbox"/> 39 Indian                                       | <input type="checkbox"/> 45 Caribbean  |
| <input type="checkbox"/> 34 Any other White background                            | <input type="checkbox"/> 40 Pakistani                                    | <input type="checkbox"/> 46 Any other Black / African / Caribbean background |
| <input type="checkbox"/> 35 White and Black Caribbean                             | <input type="checkbox"/> 41 Bangladeshi                                  | <input type="checkbox"/> 47 Arab   |
| <input type="checkbox"/> 36 White and Black African                               | <input type="checkbox"/> 42 Chinese                                      | <input type="checkbox"/> 48 Any other ethnic group                           |

**Are you affected by any disabilities or learning difficulties?** Please select from this list

- | <b>Disabilities</b>   |  | <b>Learning Difficulties</b>  |
|---|--|---|
| <input type="checkbox"/> 01 Visual impairment   | <input type="checkbox"/> 08 Temporary disability after illness (e.g. post viral) or accident | <input type="checkbox"/> 01 Moderate learning difficulty            |
| <input type="checkbox"/> 02 Hearing impairment  | <input type="checkbox"/> 09 Profound/complex disabilities                                    | <input type="checkbox"/> 02 Severe learning difficulty              |
| <input type="checkbox"/> 03 Disability affecting mobility                             | <input type="checkbox"/> 10 Asperger's syndrome  | <input type="checkbox"/> 10 Dyslexia                                |
| <input type="checkbox"/> 04 Other physical disability                                 | <input type="checkbox"/> 90 Multiple disabilities  | <input type="checkbox"/> 11 Dyscalculia                             |
| <input type="checkbox"/> 05 Other medical condition (e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> 97 Other (please state in further details)                          | <input type="checkbox"/> 19 Other specific learning difficulty      |
| <input type="checkbox"/> 06 Emotional/behavioural difficulties                        | <input type="checkbox"/> 98 No disability  | <input type="checkbox"/> 20 Autism spectrum disorder                |
| <input type="checkbox"/> 07 Mental health difficulty                                  |  | <input type="checkbox"/> 90 Multiple learning difficulties          |
|   |  | <input type="checkbox"/> 97 Other (please state in further details) |
|   |  | <input type="checkbox"/> 98 No learning difficulty                  |

Further details \_\_\_\_\_

Would you benefit from specialist support on your course due to one of these conditions?  Yes  No

**Applicant's agreement**

Do you currently have any unspent criminal convictions or charges pending?  Yes  No

In order to process your application and contact you in relation to your application it is necessary to ask for and retain some details about you. Some of these details can be classified as personal data and as such will be stored in a secure manner and will be used in accordance with the General Data Protection Regulation (GDPR) 2018.

I agree that the information I have given is correct to the best of my knowledge and for the college to retain these details and contact me in order to process my application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We'd like to send you additional information about the college such as student support information, bus details, related courses, events, activities, news, competitions and offers that you may find useful. Please indicate below if you would like us to send you this information:

- |  |   |
|--|---|
| <input type="checkbox"/> Yes please, by email. | <input type="checkbox"/> Yes please, by SMS.  |
| <input type="checkbox"/> Yes please, by post.  | <input type="checkbox"/> Yes please by phone. |

You can withdraw your consent at any time by contacting us on **0808 100 3626** or **enquiries@wnc.ac.uk**  
You can read our full privacy notices and data protection policies here: **www.wnc.ac.uk/policies**

**Once completed please return in an envelope to**  
FREEPOST NG1 659, The Admissions Team, Vision West Nottinghamshire College, Derby Road, Mansfield, NG18 5YA