



APPLICATION FORM

PERSONAL DETAILS

Last Name First Name(s)

Date of Birth Have you lived in the UK for the last three years? Yes No

Address

Postcode

Email

Telephone

Home Mobile

Current School

Student support and equality of opportunity
The college is committed to equality of opportunity and welcomes applications from all learners. It is the college policy to monitor all applications by gender, ethnicity, disability and learning difficulty.

PLEASE TICK THE APPROPRIATE BOX

	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Asian or Asian British - Bangladeshi	11	<input type="checkbox"/>
Asian or Asian British - Indian	12	<input type="checkbox"/>
Asian or Asian British - Pakistani	13	<input type="checkbox"/>
Asian or Asian British - Other	14	<input type="checkbox"/>
Black or Black British - African	15	<input type="checkbox"/>
Black or Black British - Caribbean	16	<input type="checkbox"/>
Black or Black British - Other	17	<input type="checkbox"/>
Chinese	18	<input type="checkbox"/>
Mixed - White & Asian	19	<input type="checkbox"/>
Mixed - White & Black African	20	<input type="checkbox"/>
Mixed - White & Black Caribbean	21	<input type="checkbox"/>
Mixed - Other	22	<input type="checkbox"/>
White - British	23	<input type="checkbox"/>
White - Irish	24	<input type="checkbox"/>
White - Other	25	<input type="checkbox"/>
Any Other	98	<input type="checkbox"/>
Not known/not provided	99	<input type="checkbox"/>

COURSES AND SUBJECTS

Please list your subject(s) in order of preference.

Rank	Subject	Level (e.g. AS/BTEC National/BTEC First)
1st	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>
4th	<input type="text"/>	<input type="text"/>

You will be given the opportunity to discuss any support needs at your interview. However, to help us provide the best support for your needs, and to ensure you are supported through the application process, please can you indicate any disability, medical condition or learning difficulty below.

Do you have any disability or medical condition that might impact on your college life?

Yes No

Do you have any learning difficulty for which we may need to provide support?

Yes No

Please provide brief details below (if appropriate)

Authorisation

I agree to Huddersfield New College processing the data contained on this form. A copy of the Data Protection Policy will be sent on request.

Your signature & date

Please send this completed form to the
Admissions Office
Huddersfield New College,
New Hey Road,
Huddersfield,
HD3 4GL.
Telephone 01484 652341.
Applications should be received no later than 1st March 2010.

I agree to Huddersfield New College processing personal data contained in this form or other data which may be obtained from me or other people while I am a student. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on the premises or for any other legitimate reason. I understand I have the right of access to this information. Information you provide will also be passed on to the Learning & Skills Council, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the Council to share the information with other organisations for the purpose of detecting fraud.