## Adult/Higher Education Application Form



## Section1: Personal Details

Surname/Family name (BLOCK CAPITALS):								
First name(s)/legal name(s):								
Title: Mr/Ms/N	//rs/Miss	Date of Birth:		Gender: Male $\square$	Female $\square$			
Current address:								
Postcode:	E-mail:							
Mobile: Tel. Home:								
Home address (if different):								
Postcode:	Are you a current Stockport	College student?	Yes No No					
Section 2: Details of course you wish to attend								
Course title:								
Section 3: Fee Status and additional supporting information								
Have you been living in the UK/EEA for the last 3 years?  Yes  No  No								
Is there a time limit within your stay in the United Kingtom  Yes  No  No								
What is your nationality?								
Payment of Fees  Who is expected to pay your fees? Student Loan Company  Yourself Family member Employer Other								
Student Loan Company reference number (if known)								
Have you previously studied at Stockport College?  Yes  No								
				vou attanded				
Section 4: Previous Education Please tell us the last educational institution you attended  UK state school  UK Higher Education institution  UK Higher Education Ins								
Section 5: Qualifications to date Please tell us the qualifications you have received to date and grade/s in the case of A Levels								
Level	Subject		From (Month & Year)	School/College	Result/Grade			
			(,					

Section 6: Additional Support Stockport College may be able to provide additional support for those with learning difficulties and/or disabilities							
Please tell us if you have any disability or learning difficulties. (Please tick appropriate box/es)							
<ul> <li>□ Visual impairment</li> <li>□ Disability affecting mobility</li> <li>□ Social and emotional difficulties</li> <li>□ Moderate learning difficulty</li> <li>□ Dyslexia</li> <li>□ Autistic spectrum condition</li> <li>□ Temporary disability after illness         <ul> <li>(e.g. post-viral) or accident</li> </ul> </li> </ul>	Other specific learning Dyscalculia Other learning difficulty Hearing impairment Profound complex disal Mental health difficulty Severe learning difficult Speech, language or co	pilities Y	☐ Other physical disability ☐ Other medical condition (e.g. epilepsy, asthma, diabetes) ☐ Prefer not to say ☐ None ☐ Other (please specify)				
Do you have an Educational Healthcare Plan?	Yes □ No □						
Do you have support at school/college for anything?  Yes \Box No \Box							
Equal Opportunities Monitoring - Ethnicity (Please tic							
	1	s you)					
White  English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveller  Other White background  Mixed/Multiple Ethnic Group  White and Black Caribbean  White and Asian	Asian/Asian British  Indian  Pakistani  Bangladeshi  Chinese  Other Asian background  Black/British  African  Caribbean		Other Ethnic Group  Arab Other ethnic group				
☐ Other Mixed/Multiple ethnic background	☐ Other Black/African/Car	ibbean background					
Section 7: Referees							
	The same and the formally on						
Please give the names and addresses of two referen	,	·					
Someone who can comment on your suitability for the comment of the comment o	e course	rse 2. Someone who can comment on your character					
Name:		Name:					
Address:		Address:					
Postcode:		Postcode:					
For all Higher Education courses ie. HNC, HND, Foundation Degrees and Degrees please complete a Personal Statement.							
Section 8: Declaration and submission							
Please provide as much detail as possible; this will enable us to properly assess your suitability for the course. It is therefore in your best interests to provide us with accurate information and to ensure that you are fully informed about the course you are applying for and the commitments you would be making if you become a student at Stockport College, and to ensure that you have attached copies of your qualifications and two suitable references. By signing your application you are confirming that the information provided on this form is complete and correct.  I confirm that, to the best of my knowledge, the information given in this form is correct and complete.							
Applicant's signature:							
Keeping in touch							
For you to stay up to date with your application process or enquiry we will get in touch with you from time to time to inform you about college events including open days and main enrolment events as well as other relevant information such as new courses or services that we intend to provide.  Please tick the boxes below to tell us all the ways you would prefer to hear from us:  Yes please, I would like to receive communications by email  Yes please, I would like to receive communications by telephone  Yes please, I would like to receive communications by mobile (text message)  No thank you, I do not wish to receive communications by post							
For general course enquiries, application enquir			FREEPOST Stock College				