



Brockenhurst College

Application for Access to Higher Education Diploma

Please complete in **BLOCK CAPITALS**

| | | | |
|--|--------------------------|------------------|--------------------------|
| Surname: | | Gender: | |
| First name(s) in full: | | | |
| Title (Mr/Mrs/Ms/Miss) | | | |
| Date of birth: | | | |
| Home address: | | | |
| Postcode: | | | |
| Contact details (including area code) | | | |
| Telephone no. (Home) | | | |
| Telephone no. (Mobile) | | | |
| Email address: | | | |
| I wish to apply for the following Access to Higher Education Diploma course (please tick appropriate box) | | | |
| Allied Health Professions | <input type="checkbox"/> | Humanities | <input type="checkbox"/> |
| Computing | <input type="checkbox"/> | Law | <input type="checkbox"/> |
| Nursing & Midwifery | <input type="checkbox"/> | Primary Teaching | <input type="checkbox"/> |
| Science (1 or 2) | <input type="checkbox"/> | Social Science | <input type="checkbox"/> |
| I am undecided and would like preliminary guidance | | | <input type="checkbox"/> |
| Referee name & address will be required | | | |

Qualifications

Have you achieved or are you currently working towards any national qualifications?

Yes

No

If yes, please indicate below and also state whether you have achieved English and Maths GCSE:

| Qualification | Subject | Date achieved | Grade |
|---------------|---------|---------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Continue on a separate page if necessary

Learning support needs

To enable us to give you the support you need, please tick the boxes below. **Please ensure you answer every question in this section.**

The information you give will not stop you coming to the College, but will mean you receive the relevant support and advice.

Any disclosure of disability will only be used to help us ensure that we make any reasonable alterations that would support you during your course.

1. Do you have any kind of learning difficulty or medical condition that could affect your studies?

(E.g. hearing or visual impairment, dyslexia, physical disability, mental health or health issues)

Yes

No

If YES, please give more details:

2. Do you have a social worker or any other support worker?

Yes

No

If YES, please give more details:

3. Is English your second language?

Yes

No

If YES, please state your first language:

4. If English isn't your first language, do you have a qualification in English? (ESOL or equivalent?)

Yes

No

If YES, please specify:

5. Have you ever had an assessment for learning difficulties or extra help with your school work?

Yes

No

If YES, please give more details:

6. Have you had any special examination arrangements in the in the past? E.g. extra time, use of a laptop etc.

Yes

No

If YES, please specify:

Ethnic origin

Please tick the category most appropriate to you:

- English/ Welsh/ Scottish/ Northern Irish/ British (31)
- Irish (32)
- Gypsy or Irish Traveller (33)
- Any other White background (34)
- White and Black Caribbean (35)
- White and Black African (36)
- White and Asian (37)
- Any other mixed/ multiple ethnic backgrounds (38)
- Indian (39)
- Pakistani (40)
- Bangladeshi (41)
- Chinese (42)
- Any other Asian background (43)
- African (44)
- Caribbean (45)
- Any other Black/ African/ Carribbean background (46)
- Arab (47)
- Any other ethnic group (98)
- Not provided (99)

Have you lived in the United Kingdom or another European Union country for the last 3 years?

Yes

No

Please specify nationality:

EQUAL OPPORTUNITIES POLICY

The College is committed to equal opportunities, welcoming people from across all areas of the community. Students coming to the College are entitled to expect that they will be treated with respect and have equal opportunities irrespective of age, disability, gender, ethnicity, sexual orientation, religion or marital status.

DATA PROTECTION

The information you provide on this application form will be used for the purposes of student administration and to enable us to assist you with your education whilst at the College. It will be disclosed internally within the College and externally to the Data Service, Information Authority, Skills Funding Agency, National Careers Service, Student Loans Company and any other local government agencies where the College has entered into a sharing agreement. In signing this Application form you give your consent to the use of your personal data in this way.

I understand that references may be taken up with my present or most recent employer. The information given on this form is to the best of my knowledge, correct.

Signed:

Date:

Please read the following notes:

- The College Admissions team will acknowledge receipt of your application form (usually within 5 working days).
- You will need to confirm previous qualifications during the enrolment process, failure to provide evidence may result in the enrolment not being processed.
- If you have any queries regarding the progress of your application, please contact College Access Admissions on: 01590 625500.

Please return completed form **with your Personal Statement** explaining why you'd like to study Access and what your career plans are.

Adult Admissions, Brockenhurst College, Lyndhurst Road, Brockenhurst, Hampshire, SO42 7ZE.