

Part-time and Adult Application Form

Please return to **FREEPOST (FPN5748)**

Learner Recruitment Team

The Sheffield College

Granville Road

Sheffield S2 2RL

You can download guidance on completing this form from our website www.sheffcol.ac.uk

ONLY SUBMIT ONE APPLICATION. If you need to change or add anything please ring Learner Recruitment on **0114 2602600**.

Personal Details

In which year do you intend to start your studies at The Sheffield College?

Surname

Mr Mrs Miss Ms

First name(s)

Other

Address

Postcode

Male Female

Date of birth / / Age

Telephone number

Email

Mobile number

What would you like to study?

Course	Level	Apprenticeship
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>

When would you prefer to attend College (if applicable) Day Evening No preference

Last school or college attended

OFFICE USE

Date received

Person code

AS code

Qualifications

Please list ALL academic and professional qualifications achieved or to be taken.

Course or subject	Full or part-time	Grade or class awarded	Year	Examining board or registration body
Maths/numeracy				
English/literacy				

Nationality

What is your nationality?

Have you lived in the UK or the EEA continuously over the last three years? YES NO

If you lived outside the UK, what date did you enter? / /

Have you changed address in the last three years? YES NO

Previous address

Postcode

How would you describe your ethnic origin? (Please tick appropriate box). We want to check that we are offering equal opportunities to all ethnic groups in the community.

- | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Black or Black British - any other Black background | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Mixed - White/Black Asian | <input type="checkbox"/> White - any other White background |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White/Black African | <input type="checkbox"/> Gypsy or Irish traveller |
| <input type="checkbox"/> Asian or Asian British - any other Asian background | <input type="checkbox"/> Mixed - White/Black African Caribbean | <input type="checkbox"/> Romany |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Mixed - any other mixed background | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Black or Black British - Caribbean | | <input type="checkbox"/> Not known/not provided |

Learner Support

Please note that all information disclosed will be kept in the strictest confidence.

Do you consider yourself to have a learning difficulty or disability? YES NO If YES, please tick the following:

Disability	
Visual impairment	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>
Other medical disability	<input type="checkbox"/>
Emotional/behavioural difficulties	<input type="checkbox"/>
Mental health difficulty	<input type="checkbox"/>
Temporary disability after illness	<input type="checkbox"/>
Profound complex disability	<input type="checkbox"/>
Asperger's syndrome	<input type="checkbox"/>
Multiple disabilities	<input type="checkbox"/>
Other	<input type="checkbox"/>

Learning difficulty	
Moderate learning difficulty	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>
Other specific learning difficulty	<input type="checkbox"/>
Autism spectrum disorder	<input type="checkbox"/>
Multiple learning difficulty	<input type="checkbox"/>
Other	<input type="checkbox"/>

Do you have an Educational Health Care Plan (EHCP)?

YES NO

If English is your second language and you feel you need to discuss this with a member of staff, please tick.

Have you received support in the classroom at school for your disability or learning difficulty? YES NO

Do you need support at the interview for your disability or learning difficulty? YES NO

Have you been in, or are currently in care? YES NO

Referee: Name and Contact Details - Other referee, apart from employer (below)

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Employer (if applicable)

Name	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>	Years in employment	<input type="text"/>
Position held	<input type="text"/>		

Statement in support of application

Please include experience gained from voluntary or unpaid work as well as paid employment. Plus your career aims.

Criminal Convictions

Do you have any criminal convictions/causes or are you subject to a pending prosecution? YES NO

Applications declaring previous convictions will be assessed fairly by the College and will not necessarily result in your application being refused.

Market Research

Where did you hear about the course?

Course Guide

Careers Service/Sheffield Futures

Website

Advert

Other

Application Declaration

I agree to The Sheffield College recording and processing information on this form. I understand that my personal information may be shared with other partner organisations of education and training (The full statement on data protection and information sharing is available on the College website)

Signature

Date