

## Higher Education – Application Form

<b>Title</b>	<b>Gender</b>		
<b>Surname</b>	<b>Email</b>		
<b>First name(s)</b>	<b>Telephone</b>		
<b>Middle name</b>	<b>Mobile</b>		
<b>Date of Birth</b>			
<b>Address</b>			
<b>Current/previous school (for under 19s only)</b>			
<b>Parent/guardian (for under 18s only)</b>		<b>Relationship to you</b>	
<b>Name</b>		<b>Telephone</b>	
<b>Email</b>		<b>Mobile</b>	
<b>What is your nationality?</b>			
<b>Have you lived in the UK continuously over the last three years?</b>	<b>YES</b>	<b>NO</b>	<b>If you lived outside the UK, what date did you enter?</b>
<b>Have you changed address in the last three years?</b>	<b>YES</b>	<b>NO</b>	
<b>Previous address</b>			

<b>How would you describe your ethnic origin?</b>			
White British	Mixed – White and Black Caribbean	Asian or Asian British-Indian	Black or Black British-African
White Irish	Mixed – White and Black African	Asian or Asian British-Pakistani	Black or Black British-Caribbean
Gypsy, Irish Traveller or Romany	Mixed – White and Asian	Asian or Asian British-Bangladeshi	Black or Black British-Other
White – any other white background	Mixed – Any other mixed background	Chinese	Arab
		Asian or Asian British-Other	Other ethnic group



<b>Do you consider yourself to have a learning difficulty or disability?</b>		<b>YES</b>	<b>NO</b>
<b>If yes, please provide details</b>			
<b>Disability</b>		<b>Learning difficulty</b>	
<b>Any other additional information on your disability or learning difficulty?</b>			
<b>Do you have an Educational Health Care Plan (EHCP)?</b>		<b>YES</b>	<b>NO</b>
<b>Have you received support in the classroom at school for your disability or learning difficulty?</b>		<b>YES</b>	<b>NO</b>
<b>Do you need support at the interview for your disability or learning difficulty?</b>		<b>YES</b>	<b>NO</b>
<b>If English is your second language, do you feel the need to discuss this with a member of staff?</b>		<b>YES</b>	<b>NO</b>
<b>Have you been in, or are currently in, care?</b>		<b>YES</b>	<b>NO</b>
<b>Do you care for a family member?</b>		<b>YES</b>	<b>NO</b>



What type of qualification would you like to do? (Check the website [www.sheffcol.ac.uk](http://www.sheffcol.ac.uk) or the prospectus for our current offer)

HNC/HND	Foundation Degree, Honours Degree or Top-up Degree	Higher or Degree Apprenticeship	Part-time/professional
Preferred campus of study (if offered at multiple campuses) City, Hillsborough, Olive Grove, Peaks (PLEASE CIRCLE)			<input type="radio"/> C <input type="radio"/> O <input type="radio"/> H <input type="radio"/> P

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.

The College will process the information provided in this form for the purposes of progressing your application, enrolment, education and administration purposes. Information will be processed in accordance with the College's data protection policy. You can read our policy at [privacy.sheffcol.ac.uk](http://privacy.sheffcol.ac.uk). By signing the box below, you confirm the information you have provided is accurate to the best of your knowledge and that you understand the information set out in this Privacy Notice.

Signature

Date