



Plumpton College

PART TIME APPLICATION FORM 2011 - 2012

Tel: 01273 890 454

Fax: 01273 890 071

Web: www.plumpton.ac.uk

Address: Plumpton College, Ditchling Road, Plumpton, East Sussex, BN7 3AE

PERSONAL DETAILS

SURNAME:

FIRST NAME(S):

MR MRS MISS MS DR OTHER _____

GENDER: MALE FEMALE

DATE OF BIRTH: / /

NATIONALITY:

CONTACT DETAILS

HOME ADDRESS:

POSTCODE:

HOME TEL:

MOBILE TEL:

EMAIL:

UNIQUE LEARNER NO:

NATIONAL INSURANCE NO:

RESIDENCY

HAVE YOU BEEN PERMANENTLY RESIDENT IN THE UK/ EEA FOR THE PAST 3 YEARS? YES NO

IF **NO** WHAT IS YOUR COUNTRY OF RESIDENCY?

IF **NO** PLEASE GIVE DATE OF ENTRY TO THE UK:

/ /

WHAT IS YOUR FIRST LANGUAGE?

ETHNIC ORIGIN

- | | | | |
|---------------------------------------------------|--------------------------|------------------------------------------------|--------------------------|
| English/ Welsh/ Scottish/ Northern Irish/ British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Gypsy or Irish Traveller | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any Other White Background | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Any other Black/ African/ Caribbean background | <input type="checkbox"/> |
| Any other Mixed/ Multiple Ethnic Background | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |

COURSE YOU ARE APPLYING FOR

COURSE CODE:

COURSE START DATE:

COURSE TITLE:

TUITION FEE

REGISTRATION/ ASSESSMENT FEE:

TOTAL COST:

FOR OFFICE USE

QUALIFICATIONS

WHAT IS THE HIGHEST LEVEL OF QUALIFICATION YOU HAVE TO DATE?

YOUR INDIVIDUAL NEEDS

We will do our best to provide the support you need, subject to reasonable adjustment. Please complete the section below.

DO YOU HAVE A DISABILITY? YES NO

DO YOU REQUIRE LEARNING SUPPORT? YES NO

If you have said yes to either question please specify the support you require and ✓ the appropriate box below

- | | | | |
|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Moderate learning difficulty | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> |
| Severe learning difficulty | <input type="checkbox"/> | Disability affecting mobility | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Asperger Syndrome | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> | Emotional behavioural difficulties | <input type="checkbox"/> |
| Dyscalculia | <input type="checkbox"/> | Mental ill health | <input type="checkbox"/> |
| Other specific learning difficulty | <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> |
| Multiple learning difficulties | <input type="checkbox"/> | Profound complex disabilities | <input type="checkbox"/> |
| Statement of educational needs | <input type="checkbox"/> | Wheelchair user | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If you have ✓ yes to any of the above, please give further details, or contact the College.

I give my permission for this information to be passed to Learning Support, Teaching Staff & Exams Officer.

Signature: _____ Date: / /

Please now complete the back of this form



Plumpton College

PLEASE RETURN THIS FORM TO:
PLUMPTON COLLEGE,
DITCHLING ROAD,
PLUMPTON,
EAST SUSSEX, BN7 3AE

FOR OFFICE USE ONLY:

STUDENT NUMBER:

DATE RECEIVED: / /

CRIMINAL CONVICTIONS

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES NO

IF YES PLEASE GIVE FURTHER DETAILS OR CONTACT THE DEPUTY PRINCIPAL (ACADEMIC & QUALITY): Tel: 01273 892 054

PAYMENT DETAILS

I am paying my own tuition fees	<input type="checkbox"/>
By cheque (please attach to this form) Made payable to "Plumpton College"	<input type="checkbox"/>
By credit/ debit card Please note we do not accept American Express	<input type="checkbox"/>
CARD NUMBER:	
<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"/>	
EXPIRY DATE:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
ISSUE NUMBER: (if applicable)	<input type="text"/> <input type="text"/>
SECURITY CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
CARD HOLDERS NAME:	<input type="text"/>
CARD HOLDERS ADDRESS IF DIFFERENT TO OVERLEAF	
<input type="text"/>	
<input type="text"/>	
POSTCODE:	
<input type="text"/>	

EMPLOYER INFORMATION

My employer is paying for my course	<input type="checkbox"/>
Is this course relevant to your employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your employer given you time off work to attend the course?	YES <input type="checkbox"/> NO <input type="checkbox"/>

INVOICE AUTHORITY

NAME OF COMPANY/ ORGANISATION	
<input type="text"/>	
We agree to pay for the course overleaf on receipt of your invoice	
COMPANY ADDRESS:	
<input type="text"/>	
<input type="text"/>	
POSTCODE:	
<input type="text"/>	
TELEPHONE NUMBER:	
<input type="text"/>	
ORDER NO:	
<input type="text"/>	
MAIN CONTACT:	
<input type="text"/>	
POSITION:	
<input type="text"/>	
SIGNED BY:	
<input type="text"/>	

FEE REMISSION

Fee remission is available where a reduced fee is indicated.		
I am unemployed and in receipt of Jobseekers Allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am in receipt of ESA WRAG (Employment Support Allowance)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YOU MUST SUPPLY DOCUMENTARY EVIDENCE AS PROOF OF ELIGIBILITY FOR FEE REMISSION. PLEASE ATTACH TO THIS APPLICATION FORM. EVIDENCE MUST BE VALID WHEN YOU START THE COURSE.		

SIGNATURE

I agree to comply with all college regulations and pay the appropriate fees. I also agree to Plumpton College processing personal data provided by me on this form. I confirm my training needs have been assessed and appropriate guidance given.	
SIGNATURE:	<input type="text"/>
DATE:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Information you provide on this enrolment form will be passed to the Funding Agencies, which are registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the Agencies to share information with other organisations to monitor performance, improve quality and plan future provision. Further information about data confidentiality is available upon request from the institution at which you are enrolling.

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respects of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Please indicate if there are any restrictions on how you may be contacted by ticking against the relevant boxes. Post Telephone Email
 Tick this box if you wish not to be contacted by the SFA, YPLA or their partners in respect of surveys/research by mail or phone
 Tick this box if you do not wish to be contacted by the SFA, YPLA or their partners about courses or learning opportunities by post