

APPLICATION & REFERENCE FORMS

2009-10 FULL-TIME COURSES

Please tear out the reference form in the centre pages first, then the application form.

APPLICATION FORM 2009-10 FULL-TIME COURSES

Information given on this form will be held on computer under the provisions of the Data Protection Act. Some of the information will be forwarded to the Learning & Skills Council and Department for Education and Skills. Southgate College, High Street, London N14 6BS Tel: 020 8982 5050 e-mail: admiss@southgate.ac.uk

PREVIOUS STUDY AT SOUTHGATE COLLEGE

Office use

Have you studied at Southgate College before? YES NO If yes, your Student Number:

Course Tutor

If you are currently studying at Southgate College please give the enclosed reference form to your tutor.

PERSONAL DETAILS

Surname/Family name Title Mr Mrs Miss Ms Dr Other

Forename(s)

Date of birth Day Month Year Age on 1 September 2009:

Address

 Postcode

Telephone Mobile Phone Number

Email

Borough/Local Authority

COURSE DETAILS

Course you are applying for, or area of interest

(We may advise you to take a different course/level at interview)

Course code (if applicable)

For AS/A Levels state the subjects.

For GCSE course state package.

NATIONALITY

Have you lived in England or another European Union nation since 1 September 2006? YES NO

If your answer is 'no' you will need to have a fee assessment interview to determine your status (as a home student or an international student). This assessment will be either by interview or production of evidence of status. The College reserves the right to charge fees at the international rate if you are assessed as an international student.

RESIDENCY DETAILS (IF YOU ANSWERED 'NO' TO THE ABOVE NATIONALITY QUESTION)

See pages 60-61 about International Applications.

Please give your date of arrival in the UK. Day Month Year

Please tick one of the following reasons for entering the UK:

1. Asylum Seeker 2. Refugee 3. For permanent settlement 4. Student's visa

5. Work permit 6. Visitor's visa 7. Other, please specify:

Are there any restrictions or limitations on your stay in the UK? (please specify):

INTERVIEW DATES

Please give dates when you are not available for interview:

REFERENCE FORMS

INTERNATIONAL REFERENCE FORM

ONLY COMPLETE THIS SECTION IF YOU ARE AN INTERNATIONAL STUDENT

*International students will be expected to pay their tuition fees (See pages 64-65). Please note you will need to apply for your visa as soon as possible. We cannot guarantee your first choice if you do not arrive in September (also January for English Language students).

DO YOU HAVE AN ENGLISH LANGUAGE QUALIFICATION? YES NO

If yes, please state level/grade

Qualification	Please tick (•) if you have this qualification	Level/grade
IELTS		
Cambridge KET		
Cambridge PET		
Cambridge FCE		
Cambridge CAE		
Cambridge CPE		
Other		

DO YOU HAVE A CORRESPONDENCE ADDRESS DIFFERENT TO THE ONE OVERLEAF? YES NO

If yes:

Name Email

Address

Postcode Telephone

WILL YOU REQUIRE HOMESTAY ACCOMMODATION? YES NO

If yes:

From which date?

To which date?

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EQUAL OPPORTUNITIES

I would describe my ethnic origin to be:

African/Caribbean/

Black African 12 Black/UK 14 Other 11 Caribbean 13 Black/Mixed

Asian 15 Bangladeshi 19 Japanese 23 Asian/UK 16 Chinese 20 Pakistani
24 Asian/Mixed 17 East African/Asian 21 Sri Lankan 25 Other 18 Indian
22 Vietnamese

Mediterranean 26 Greek 23 Kurdish 33 Mediterranean/UK 27 Greek Cypriot 24 Turkish
34 Mediterranean/Mixed 28 Italian 25 Turkish Cypriot 35 Other 29 Iranian

White/European 36 United Kingdom 38 White/Mixed 39 Other 37 Irish

Any other 40 Please specify:

LANGUAGE

What is your first language? English YES NO

Other (please specify):

If English is not your first language do you need help with your English? YES NO

DISABILITY

If you have a disability or learning difficulty, please tick the relevant boxes below:

- 01 Visual impairment 02 Hearing impairment 03 Disability affecting mobility
- 04 Other physical disability 05 Other medical condition, eg epilepsy, asthma, diabetes 06 Emotional/behavioural difficulties
- 07 Mental ill health 08 Temporary disability after illness or accident 09 Profound/complex disabilities
- 01 Moderate learning difficulty 02 Severe learning difficulty 10 Dyslexia
- 11 Dyscalculia 19 Other specific learning difficulty (please specify):

COURSE MONITORING

How did you find out about Southgate College?

- 01 Friend 02 Connexions/Careers 03 Library 04 Visit/Open Day
- 05 Newspaper Advert 06 At school 07 Website 08 Cinema
- 09 Posters/Billboards 98 Other (please specify):

TRAVEL MONITORING

How will you travel to Southgate College?

- 01 Car 02 Bus 03 Train/underground
- 04 Pedestrian (on foot) 05 Bicycle 98 Other (please specify):

CONVICTIONS

Do you have any criminal convictions or charges pending? YES NO

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EXAMINATIONS TO BE TAKEN THIS ACADEMIC YEAR

Please include examinations for which you are awaiting results or which you will be taking in the future.

Subject	Level	Date

EXAMINATIONS ALREADY TAKEN

Please include any qualifications you have taken in previous years. If you have achieved qualifications abroad please enclose photocopies.

When you start a course at this College you will be asked to show proof of examination results.

Subject	Level	Date	Grade

REFERENCE (SCHOOL/EMPLOYER) DETAILS

Please write below the name and contact details of the person who will write your reference (your 'referee'). This will usually be your form teacher/college tutor, or your current employer, or someone who knows you well (not a relative).

Name of School/College/Employer

Address
 Postcode

Telephone Professional status

Name of Form/Personal Tutor

PARENT/GUARDIAN DETAILS (If you are under 18)

If you are under 18 years of age, please give the name and address of your parent/guardian (if different from your address).

Name

Address
 Postcode

DECLARATION

Please check that all the sections of the application form have been completed.

Sign and date it and return it immediately to the Admissions Centre. Thank you.

Signature Date