

APPLICATION & REFERENCE FORMS

2010-11 FULL-TIME COURSES

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

APPLICATION FORM

2010-11 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 and Skills Council and Department for Business, Innovation and Skills. Southgate College, High Street, London N14 6BS Tel: 020 8982 5050 email: 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 2010:

Address

Telephone

Email

Borough/Local Authority

Unique Learner Number
(if known)

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 2007? 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 FORM

INTERNATIONAL REFERENCE FORM

COMPLETE THIS SECTION ONLY IF YOU ARE AN INTERNATIONAL STUDENT

Please note that international students will be expected to pay their tuition fees (see pages 60-61). 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	<input type="checkbox"/>	<input type="text"/>
Cambridge KET	<input type="checkbox"/>	<input type="text"/>
Cambridge PET	<input type="checkbox"/>	<input type="text"/>
Cambridge FCE	<input type="checkbox"/>	<input type="text"/>
Cambridge CAE	<input type="checkbox"/>	<input type="text"/>
Cambridge CPE	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

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

If yes:

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

WILL YOU REQUIRE HOMESTAY ACCOMMODATION? YES NO

If yes:

From which date?

To which date?

APPLICATION FORM

2010-11 FULL-TIME COURSES

EQUAL OPPORTUNITIES

I would describe my ethnic origin to be:

- | | | |
|---|---|--|
| 11 <input type="checkbox"/> Asian or Asian British - Bangladeshi | 15 <input type="checkbox"/> Black or Black British - African | 19 <input type="checkbox"/> Mixed - White and Asian |
| 12 <input type="checkbox"/> Asian or Asian British - Indian | 16 <input type="checkbox"/> Black or Black British - Caribbean | 23 <input type="checkbox"/> White - British |
| 13 <input type="checkbox"/> Asian or Asian British - Pakistani | 20 <input type="checkbox"/> Mixed – White and Black African | 24 <input type="checkbox"/> White - Irish |
| 14 <input type="checkbox"/> Asian or Asian British – any other Asian background | 17 <input type="checkbox"/> Black or Black British – any other Black background | 25 <input type="checkbox"/> White – any other White background |
| 18 <input type="checkbox"/> Chinese | 21 <input type="checkbox"/> Mixed – White and Black Caribbean | 22 <input type="checkbox"/> Mixed – any other Mixed background |
| 98 <input type="checkbox"/> Any other (please specify): <input type="text"/> | | 99 <input type="checkbox"/> Not known/not provided |

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 <input type="checkbox"/> Visual impairment | 02 <input type="checkbox"/> Hearing impairment | 03 <input type="checkbox"/> Disability affecting mobility |
| 04 <input type="checkbox"/> Other physical disability | 05 <input type="checkbox"/> Other medical condition, eg epilepsy, asthma, diabetes | 06 <input type="checkbox"/> Emotional/behavioural difficulties |
| 07 <input type="checkbox"/> Mental health difficulty | 08 <input type="checkbox"/> Temporary disability after illness or accident | 09 <input type="checkbox"/> Profound/complex disabilities |
| 10 <input type="checkbox"/> Aspergers syndrome | 90 <input type="checkbox"/> Multiple disabilities | 97 <input type="checkbox"/> Other |
| 01 <input type="checkbox"/> Moderate learning difficulty | 02 <input type="checkbox"/> Severe learning difficulty | 10 <input type="checkbox"/> Dyslexia |
| 11 <input type="checkbox"/> Dyscalculia | 20 <input type="checkbox"/> Autism spectrum disorder | 90 <input type="checkbox"/> Multiple learning difficulties |
| 97 <input type="checkbox"/> Other | 19 <input type="checkbox"/> Other specific learning difficulty (please specify): <input type="text"/> | |

COURSE MONITORING

How did you find out about Southgate College?

- | | | |
|--|---|---------------------------------------|
| 01 <input type="checkbox"/> Friend | 02 <input type="checkbox"/> Connexions/Careers | 05 <input type="checkbox"/> Newspaper |
| 06 <input type="checkbox"/> At school | 09 <input type="checkbox"/> Floodlight/Hotcourses | |
| 98 <input type="checkbox"/> Other (please specify): <input type="text"/> | | |

TRAVEL MONITORING

How will you travel to Southgate College?

- | | | |
|--|-------------------------------------|---|
| 01 <input type="checkbox"/> Car | 02 <input type="checkbox"/> Bus | 03 <input type="checkbox"/> Train/Underground |
| 04 <input type="checkbox"/> On foot | 05 <input type="checkbox"/> Bicycle | |
| 98 <input type="checkbox"/> Other (please specify): <input type="text"/> | | |

CONVICTIONS

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

APPLICATION FORM

2010-11 FULL-TIME COURSES

EXAMINATIONS TO BE TAKEN THIS ACADEMIC YEAR

Please include examinations for which you are awaiting results or which you will be taking later this academic year.

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

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