




1. Personal Details (Please Complete in BLOCK CAPITALS and answer ALL questions)		College Use Only
First Names (in full):	Surname:	
Title (Mr/Mrs/Ms/Miss):	Gender:	16-18
National Insurance Number:		
Date of Birth:	Age on 31st August 2010:	19+
Home Address:		
		Full Cost
Post Code:	How long have you lived at this address?	
Telephone Number (Home):	Telephone Number (Mobile):	
Telephone Number (Work):	Email Address:	
Emergency Contact (Name):	Emergency Contact (Tel No.):	
2. What is your Nationality?		Section Completed ↓
English: <input type="checkbox"/> Welsh: <input type="checkbox"/> Scottish: <input type="checkbox"/> Northern Irish: <input type="checkbox"/> Other (please specify): <input type="text"/>		
WHERE have you lived for the last 3 years? England: <input type="checkbox"/> Wales: <input type="checkbox"/> Scotland: <input type="checkbox"/> Northern Ireland: <input type="checkbox"/> Other (please specify)		
Have you been resident (settled) in the UK or an EU country for at least 3 years <b>immediately</b> prior to the start of your proposed course? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note evidence of residency (settlement) may be required to support this declaration.) If 'No', please answer the questions below: Date of entry into the UK: _____ What type of visa do you have in your passport? _____ Please note you may need to be referred to the International Operations department When does this visa expire? _____		
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If No what is your first language? _____ What English language qualification do you have? _____		
<b>Means of identification (please circle/tick)</b> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> National Insurance Card <input type="checkbox"/> ID card/other national ID <input type="checkbox"/> Benefits documentation <input type="checkbox"/> Examination Certificates <input type="checkbox"/> Bank/credit/debit card <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>		section 2
3. Qualifications & Examinations (Please indicate which best describes your current qualifications level)		Section Completed ↓
<input type="checkbox"/> Level 0 (No formal qualifications) <input type="checkbox"/> Level 3 (2 or more A levels or equivalent) <input type="checkbox"/> Level 1 (GCSEs grade D or below) <input type="checkbox"/> Level 4 (first degree) <input type="checkbox"/> Level 2 (5 GCSEs at grade C or above or up to 3 AS Levels) <input type="checkbox"/> Level 5 (post graduate qualification)		
4. Ethnic Origin Please indicate which best describes your ethnicity?		Section Completed ↓
<input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Black British - any other Black background <input type="checkbox"/> White - British <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Chinese <input type="checkbox"/> White - Irish <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Mixed - White + Asian <input type="checkbox"/> White - any other white background <input type="checkbox"/> Asian or Asian British - any other Asian Background <input type="checkbox"/> Mixed - White + Black African <input type="checkbox"/> Other <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Mixed - White + Black Caribbean <input type="checkbox"/> Black British - Caribbean <input type="checkbox"/> Mixed - any other mixed background		
5. Disability and Additional Support		Section Completed ↓
The College is committed to ensuring that reasonable provision is made for students with disability, health or medical conditions and to provide whatever support we can for your additional needs. The information you give us will not stop you coming to The College but will help us to make sure that you have the correct support when you are on your course.		
Do you have any kind of learning difficulty or disability, which could affect your studies? e.g. Hearing or visual impairment, dyslexia, mental health, medical or health problems? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please specify		section 5
Have you had any special examination arrangement in the past e.g. extra time, use of a laptop computer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**IMPORTANT** Payment must be made with this form. Please complete payment form

**6. Course Information** (Please give details of all courses you wish to apply for)

		Only complete these fields where information is different to default course information:			
Course Title	Course Code	Start Date	End Date	No. Weeks	Hours

Section Completed

section 6

**7. I have completed/provided**

<input type="checkbox"/> Enrolment form (all sections completed) <input type="checkbox"/> Payment form <input type="checkbox"/> Cheque, credit/debit card, direct debit <input type="checkbox"/> Application for reduced fee <input type="checkbox"/> Evidence to support fee reduction <input type="checkbox"/> Evidence to support qualifications	<p><b>For College use only</b></p> <table border="1" style="width: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						

Section Completed

section 7

**Data Protection Act 1998** The College Regulations explain how the data is passed to the relevant data and funding agencies. The information you provide on this form will be used for the purposes of administration, guidance and monitoring and to assist you with your education whilst at The College. The data you supply will be used to check for or obtain a unique learner number.

- To give permission to the relevant Data and Funding Agencies to contact you for the surveys please tick here  Box A  
 To give permission to the relevant Data and Funding Agencies to contact you about your course please tick here  Box B  
 To give permission for sharing participation and achievement information please tick here  Box C

**8. Student Signature**

I accept that my admission is subject to The College Regulations, payment of tuition fees and other course costs. I confirm that if I am entitled to receive remission of tuition fees at the time of enrolment, I will inform The College of any changes to my circumstances during the period of my studies. Please note proof may be required to support the information you have provided. The College reserves the right to levy full fees or International fees as appropriate.

**IN CASES OF EARLY WITHDRAWAL FROM THE COLLEGE, FEES WILL NOT NORMALLY BE RETURNABLE.**

Signed  Date

Signature of enrolling member of staff  Name (Print)

Section Completed

section 8

When you have completed all sections, for postal enrolments send to:

**Reception,  
 The Bournemouth and Poole College  
 FREEPOST  
 BH696  
 BH14 0BR**

**FOR COLLEGE USE ONLY**

Processed By

Date Processed