



# APPLICATION FORM Full Time Courses 2012/13



Please return to: Student Services, Swindon College, North Star Avenue,  
Swindon, Wiltshire, SN2 1DY Tel: (01793) 498308/498262 Freephone 0800 731 2250

## LEARNING SUPPORT / SPECIAL NEEDS

- Do you have any special needs that may impact on your learning? Yes  No   
So that we can assess your support need while at Swindon College, please indicate any of the following categories that apply to you. All information given will be treated in the strictest confidence.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asperger's Syndrome        | <input type="checkbox"/> Dyslexia                     | <input type="checkbox"/> Dyspraxia                |
| <input type="checkbox"/> Medical condition          | <input type="checkbox"/> Mental health difficulty     | <input type="checkbox"/> Mobility/Wheelchair user |
| <input type="checkbox"/> Temporary disability       | <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Dyscalculia              |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Deaf/Hearing impairment      | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Visual impairment          | <input type="checkbox"/> Other                        |   |

If you have ticked any of the above please provide any details of your needs:

## EQUAL OPPORTUNITIES MONITORING

Please complete the following information accurately to help the College comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by a limited number of staff and our reporting mechanisms guarantee data protection.

**White:** English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveller  Any other White background

**Mixed/Multiple Ethnic Group:** White & Black Caribbean  White & Black African  White & Asian

Any other Mixed/Multiple Ethnic Background

**Asian/Asian British:** Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background

**Black/African/Caribbean/Black British:** African  Caribbean  Any other Black/African/Caribbean background

**Other Ethnic Group** Arab  Any other ethnic group

## CAREERS

In the space below please outline your reasons for wanting to come to the College and your hopes and ambitions for the future:

## YOUR SIGNATURE

Confirmation of Application by Student: I agree that, solely for the purposes of supporting my application, Swindon College may exchange information with my school, the police or other agencies in order to assess my suitability for certain courses. To the best of my knowledge the information I have provided is accurate

I wish to become a full-time student at Swindon College. To the best of my knowledge all the information given on this form is correct. If accepted, I agree to abide by the regulations of the College including its smoking, drugs and IT policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This information you provide will be entered onto Swindon College's student record system. The form will be held in a locked filing/archive room for a period of seven years before being destroyed. If you require access to this form whilst you are at Swindon College please contact the CIS Data Team on Freephone 0800 731 2250. The College may process personal information from this form or other data from you or other people while you are a learner. This information will be processed for any purposes in connection with your studies, for health and safety reasons and any other legitimate reason.

Swindon College may occasionally send you information about courses, events and new developments. This may be through post, email or by text. Please tick here if you do not wish to receive information