Adult/Higher Education Application Form



Section1: Personal Details

First name(s)/legal name(s):			Date of Birth:	/ /	
Surname/Family name (BLOCK C	APITALS):				
Title: Mr/Ms/Mrs/Miss			Gender:	Male 🗆 Female 🗆	
Current address:					
Postcode:	E-mail:				
Mobile:		Tel. Home:			
Home address (if different):					
Postcode:	Are you a current Trafford Colle	ge student? Yes	No 🗆		
Section 2: Details of	course you wish to	attend			
Course title:					
Section 3: Fee Statu	s and additional su	upporting info	rmation		
Have you been living in the UK/EE	A for the last 3 years?	Yes □	No 🗆		
Is there a time limit within your sta	y in the United Kingdom	Yes 🗆	No 🗆		
What is your nationality?					
Payment of Fees Who is expected to pay your fees'	? Student Loan Company	☐ Yourself ☐	Family member	Employer Other	
Student Loan Company reference	e number (if known)				
Have you previously studied at Trafford College?					
Section 4: Previous	Education Please tell us th	ne last educational institu	tion you attended		
UK state school 🗆 UK indep	pendent school 🗆 UK FE co	ollege 🗌 💮 Any non-l	JK institution 🗆 UK H	igher Education institution \Box	
Section 5: Qualifications to date Please tell us the qualifications you have received to date and grade/s in the case of A Levels					
Level Subject		From (Month & Year)	School/College	Result/Grade	

Section 6: Additional Support Trafford College may be able to provide additional support for those with learning difficulties and/or disabilities Please tell us if you have any disability or learning difficulties. (Please tick appropriate box/es) ☐ Visual impairment ☐ Other specific learning difficulty Other physical disability ☐ Disability affecting mobility □ Dyscalculia □ Other medical condition (e.g. epilepsy, asthma, diabetes) \square Social and emotional difficulties ☐ Other learning difficulty $\hfill\square$ Prefer not to say ☐ Moderate learning difficulty ☐ Hearing impairment ☐ None □ Dyslexia ☐ Profound complex disabilities Other (please specify) ☐ Autistic spectrum condition ☐ Mental health difficulty ☐ Temporary disability after illness ☐ Severe learning difficulty (e.g. post-viral) or accident ☐ Speech, language or communication needs Yes 🗌 No 🗌 Do you have an Educational Healthcare Plan? Yes 🗌 No \square Do you have support at school/college for anything? Equal Opportunities Monitoring - Ethnicity (Please tick which group best describes you) Asian/Asian British White Other Ethnic Group ☐ English/Welsh/Scottish/Northern Irish/British ☐ Arab ☐ Irish ☐ Pakistani ☐ Other ethnic group ☐ Gypsy or Irish Traveller □ Bangladeshi ☐ Other White background ☐ Chinese Mixed/Multiple Ethnic Group Other Asian background ☐ White and Black Caribbean Black/British ☐ White and Black African African ☐ White and Asian ☐ Caribbean ☐ Other Mixed/Multiple ethnic background Other Black/African/Caribbean background Section 7: Criminal record Do you have an unspent criminal conviction or pending criminal investigations? □ No If yes please give the name and contact details of a person we can contact for further information. For all Higher Education courses ie. HNC, HND, Foundation Degrees and Degrees please complete a Personal Statement. **Section 8: Declaration and submission** Please provide as much detail as possible; this will enable us to properly assess your suitability for the course. It is therefore in your best interests to provide us with accurate information and to ensure that you are fully informed about the course you are applying for and the commitments you would be making if you become a student at Trafford College. By signing your application you are confirming that the information provided on this form is complete and correct. I confirm that, to the best of my knowledge, the information given in this form is correct and complete. Applicant's signature: Date: Keeping in touch For you to stay up to date with your application process or enquiry we will get in touch with you from time to time to inform you about college events including open days and other events as well as other relevant information such as new courses or services that we intend to provide. Yes please, I would like to receive communications by email Yes please, I would like to receive communications by mobile (SMS) Yes please, I would like to receive communications by telephone Yes please, I would like to receive communications by post No, I would prefer not to be contacted

Please return your completed form to this FREEPOST address. (NO STAMP NEEDED)

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