

Application for Access and Diploma for Progression

Please complete in block capitals in black ink.

Surname/Family name

First name/s

Your address

<input type="text"/>	Postcode	<input type="text"/>
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Telephone

Mobile

Email

Please give details of a personal referee (not a relative)

Name

Address

<input type="text"/>	Postcode	<input type="text"/>
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Educational and vocational qualifications (Please state if CSE, GCSE, RSA, City & Guilds or O/A levels etc.)

Subject	Grade (if known)	Dates

Post school experience of study

Institution	Grade (if known)	Dates

FOR OFFICE USE ONLY

ID no.

Ack.

Ref.

Add.

Date

Course code

Work experience, voluntary work or other relevant life experience

Nature of experience	Approximate dates
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Reasons for wishing to attend the Access Modular Programme and degree choice

Please write in support of your application including a short paragraph about yourself and any relevant experience and interests. Give your reasons for applying for the Access programme and say why you are interested in taking a degree course. Please say which degree subject/course you are interested in.

Additional Support

(Please tick any of the boxes which are relevant. A member of the Learning Skills Team will contact you to discuss your support needs).

<p>01 <input type="checkbox"/> Visual impairment & will need extra help</p> <p>02 <input type="checkbox"/> Hearing impairment & will need extra help</p> <p>03 <input type="checkbox"/> Disability affecting mobility</p> <p>04 <input type="checkbox"/> Other physical disability & will need extra help</p> <p>06 <input type="checkbox"/> Emotional/behavioural difficulties</p> <p>07 <input type="checkbox"/> Mental health difficulty</p> <p>08 <input type="checkbox"/> Temporary disability after illness (e.g. post-viral or accident)</p> <p>10 <input type="checkbox"/> Aspergers Syndrome Moderate learning difficulty</p>	<p>05 <input type="checkbox"/> Other medical condition which could affect my studies. (e.g. epilepsy, M.E, diabetes.) Please state</p> <p>05a <input type="checkbox"/> Asthma</p> <p>01 <input type="checkbox"/> Moderate learning difficulty</p> <p>02 <input type="checkbox"/> Severe learning difficulty</p> <p>10 <input type="checkbox"/> Dyslexia</p> <p>19 <input type="checkbox"/> Other specific learning difficulty (e.g. ADHD, dyspraxia.) Please state</p>
<p>Please note: The interviewer may share this information with relevant staff in order to get Additional Learning Support if necessary.</p>	

Are you aware of any medical condition you may have, or have had in the past, which could affect your ability to undertake your chosen course/s or any other activities you may encounter at the college?

Yes No

City of Bath College, needs to process personal information about applicants in order to make admissions decisions, to provide advice, guidance, education and training. In assessing applications, information may be released to relevant government departments/agencies and Local Authorities.

Where an application is not converted into an enrolment, paper records held on an applicant will be destroyed within 30 days of the start date(s) of the course(s) to which the application relates. Data may be retained in an electronic format for analysis and future advice and guidance provision. Further details of the College's data protection arrangements are available on request.

I understand that the City of Bath College will need to process personal information in order to make admission decisions in accordance with the details set out above.

Your signature Date of application

Please return this form to: Full-time Admissions, City of Bath College, Avon Street, Bath, BA1 1UP