

Application Form (Certificate, Diploma and Short Courses only)

1. Certificate course applications: please complete all sections including A – C and provide a passport sized photograph
2. Other Courses: please complete sections 1 – 6 only

1. Personal Details

PLEASE USE BLOCK CAPITALS

Student Ref No

Mr/Mrs/Ms/Miss Other	First name(s):	Surname:	Full Fee/Applying for Funding
Full Postal Address:		Postcode:	Date of Birth
			Gender: MALE/FEMALE
Home Tel:	Daytime Tel:		Mobile:
Email:			Fax:

 Course Centre: Vaughan College

 Other
2. Course Applied For:

Day of the week	Course Code	Title of Course	Office Use Only	
			Fee Paid	Receipt No

FOR UNIVERSITY USE ONLY

Course Administrator Record Entered by.....

Centre Date Record Entered.....

Source of finance

.....

A. EDUCATION AND QUALIFICATIONS

Academic Record and Professional Qualifications including In-Service Training
 Please list all qualifications to date; we may require copies of certificates

Dates Attended	Names and Location of School/University/College	Qualifications Received	Subjects	Date of Qualifications (or expected)

B. RELEVANT EMPLOYMENT AND EXPERIENCE

Occupation (most recent first)

Name and Address of Employer	Dates	Occupation and Key Responsibilities

C. REASONS FOR APPLICATION

Please explain why you wish to undertake the course and the benefits you expect to gain from it. Please also state the ways in which the course relates to your current or intended career and any advantages which your professional experience will bring to your studies. *This is an important section in helping us to assess your application and you should include any relevant information which assists us to make a decision.* Please continue on a separate sheet if necessary.

METHOD OF PAYMENT: To be completed by all students

PLEASE NOTE: If a receipt or confirmation is required, please enclose stamped addressed envelope.

I will be paying my own fees:

- I enclose a cheque made payment to University of Leicester for £
- I will be making payment using a debit or credit card
(please either phone 0116 251 7368 or come into the college with your card details so that we can take the payment)
- I will be making payment by cash (please come into the college with your payment)
- I will be applying for funding

My employer / sponsor will be paying my fees:

Name of employer

Address

..... Postcode.....

Contact Name Signature.....

Telephone Fax

3.

<p>Ethnic Origin: (please tick)</p> <p>White</p> <p><input type="checkbox"/> (A1) English</p> <p><input type="checkbox"/> (A2) Scottish</p> <p><input type="checkbox"/> (A3) Welsh</p> <p><input type="checkbox"/> (A4) Other British</p> <p>.....</p> <p><input type="checkbox"/> (A5) Irish</p> <p><input type="checkbox"/> (A6) Any other White background</p> <p>.....</p> <p>Mixed</p> <p><input type="checkbox"/> (B1) White and Black Caribbean</p> <p><input type="checkbox"/> (B2) White and Black African</p> <p><input type="checkbox"/> (B3) White and Asian</p> <p><input type="checkbox"/> (B4) White and Chinese</p> <p><input type="checkbox"/> (B5) Any other Mixed background</p> <p>.....</p>	<p>Asian, including Asian English, Scottish, Welsh & British</p> <p><input type="checkbox"/> (C1) Indian</p> <p><input type="checkbox"/> (C2) Pakistani</p> <p><input type="checkbox"/> (C3) Bangladeshi</p> <p><input type="checkbox"/> (C4) Any other Asian background</p> <p>.....</p> <p>Black, including Black English, Scottish, Welsh & British</p> <p><input type="checkbox"/> (D1) Caribbean</p> <p><input type="checkbox"/> (D2) African</p> <p><input type="checkbox"/> (D3) Any other Black background</p> <p>.....</p> <p>Chinese, including Chinese English, Scottish, Welsh & British</p> <p><input type="checkbox"/> (E1) Chinese</p> <p><input type="checkbox"/> (E2) Any other Chinese background</p> <p>.....</p> <p>Other Ethnic group</p> <p><input type="checkbox"/> (F1) Any other Ethnic group</p> <p>.....</p>
<p>Country of Birth Country of Permanent Residence Nationality</p>	

4.

<p>Do you have a disability? Yes/No</p> <p>If yes, please indicate the nature of your disability by ticking the appropriate box.</p> <p><input type="checkbox"/> (Z0) I am not aware of any additional support requirements</p> <p><input type="checkbox"/> (Z1) I have dyslexia</p> <p><input type="checkbox"/> (Z2) I am blind/partially sighted</p> <p><input type="checkbox"/> (Z3) I am deaf/hard of hearing</p>	<p><input type="checkbox"/> (Z4) I am a wheelchair user/have mobility difficulty</p> <p><input type="checkbox"/> (Z5) I need personal care support</p> <p><input type="checkbox"/> (Z6) I have mental health difficulties</p> <p><input type="checkbox"/> (Z7) I have an unseen difficulties e.g. diabetes, epilepsy, asthma</p> <p><input type="checkbox"/> (Z8) I have two or more of the above disabilities</p> <p><input type="checkbox"/> (Z9) I have a disability not listed above (please specify)</p> <p>.....</p>
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The University of Leicester requires this information for Education purposes and your personal data will be processed in accordance with the University's Registration and current Data Protection Legislation. This information will not be disclosed to any other unauthorised parties.

5. To enable us to improve our service to you could you please complete the following:

<p>Where did you hear/find out about the course?</p> <p><input type="checkbox"/> a) University centre <input type="checkbox"/> e) Local library</p> <p><input type="checkbox"/> b) Local press (Leics. Mercury) <input type="checkbox"/> f) University Website</p> <p><input type="checkbox"/> c) Recommendation by student <input type="checkbox"/> g) Newsletter</p> <p><input type="checkbox"/> d) Direct mailing <input type="checkbox"/> h) Other (please state)</p> <p>.....</p>	<p>We are constantly trying to improve our publicity, if you have any suggestions please use the space below:</p>
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Applicants should note that the University reserves the right to make without notice changes in regulations, course, fees, etc., at any time before or after a candidate's admission. Admission to the University is subject to the requirements that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.

6.

DECLARATION	I Certify that the information I have given is true and accurate.
Signed.....	Date

Please return this form to: The Course Administrator, Institute of Lifelong Learning, Vaughan College, St Nicholas Circle, Leicester, LE1 4LB