

For office use only
Reference No:



PART TIME COURSE APPLICATION 2017/2018

Please complete this application form if you are applying for one of the part time vocational or HE courses listed below.
PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS.

PERSONAL DETAILS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Address:
Surname:	
Forename:	Postcode:
Date of birth:	National Insurance No:
Telephone (home):	Mobile:
E-mail:	

PLEASE ENSURE YOU PROVIDE ACCURATE PHONE/MOBILE AND EMAIL DETAILS FOR CORRESPONDENCE SUCH AS TEXT ALERTS.

CENTRE / COURSE APPLYING FOR (ALL APPLICANTS TO COMPLETE)

Applications for all centres are processed at our main Huddersfield centre. When your application form is complete you need to return it to the address on the back page of this form. Please tick which centre you wish to study at:

Dewsbury Centre
For courses at: Dewsbury Centre (incl. Construction Academy) and Batley School of Art

Huddersfield Centre
For courses at: Huddersfield Centre, Brunel Construction Centre, Engineering Centre, Highfields Centre, Hargate Hill Equestrian Centre, Process Manufacturing Centre and Taylor Hill Centre

Please complete this application if you are applying for one of the following courses:

- Supporting Teaching and Learning in schools
- Children and Young People's Workforce
- Early Years Educator
- Cover supervision of pupils in schools
- Teaching and Training qualifications
- Beauty Therapy or Hairdressing

- Counselling level 2, 3 and 4
- Work experience Diploma in Health and Social Care

Part time Higher Education - HNC courses
(Please check website for availability)

For full time HE please visit ucas.com

BEFORE COMPLETING YOUR COURSE CHOICE BELOW PLEASE ENSURE YOU HAVE CHECKED OUR PROSPECTUS OR VISITED WWW.KIRKLEESCOLLEGE.AC.UK FOR THE FULL TITLE AND LEVEL OF YOUR CHOSEN COURSE.

Course title/subject area	Level of study
<input type="text"/>	<input type="text"/>

INTERVIEWS

The applications team will try to accommodate the needs of all applicants when booking interviews. Please state below any dates when you will be unavailable for interview:

If you feel you need any support when you come for your interview, please tell us what would help you.

Date received	FOR OFFICE USE ONLY		
	Shortlisted by (initials)	Input / ACK / Initials	Notes
	CC <input type="checkbox"/>	REF: REQ <input type="checkbox"/>	
	ALS <input type="checkbox"/>	REF: RECVD. <input type="checkbox"/>	
		File log no:	

ETHNICITY (ALL APPLICANTS TO COMPLETE)

This information will be treated with the strictest of confidence and is used to ensure that our provision is meeting the needs of the community. Please tick the box that most applies to you.

White

- 31 English / Welsh / Scottish / Northern Irish / British
- 32 Irish
- 33 Gypsy or Irish traveller
- 34 Any other white background

Mixed/multiple ethnic group

- 35 White and black Caribbean
- 36 White and black African
- 37 White and Asian
- 38 Any other mixed / multiple ethnic background

Asian/Asian British

- 39 Indian
- 40 Pakistani
- 41 Bangladeshi
- 42 Chinese
- 43 Any other Asian background

Black/African/Caribbean/Black British

- 44 African
- 45 Caribbean
- 46 Any other black / African / Caribbean background

Other ethnic background

- 47 Arab
- 98 Any other ethnic group

STUDENT SUPPORT (ALL APPLICANTS TO COMPLETE)

We want to make sure that you succeed right from the start. Please let us know if you consider yourself to have a disability or a learning difficulty. We ask for this information so that we can offer support and so we can plan any adjustments well in advance. Please tick which applies to you.

I do not have a learning difficulty and/or disability

I have a learning difficulty and/or disability (please tick everything that you think applies to you below)

- | | | |
|--|--|---|
| <input type="checkbox"/> 01 Emotional/behavioural difficulties | <input type="checkbox"/> 10 Moderate learning difficulty | <input type="checkbox"/> 93 Other physical disability |
| <input type="checkbox"/> 02 Multiple disabilities | <input type="checkbox"/> 11 Severe learning difficulty | <input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia) |
| <input type="checkbox"/> 03 Multiple learning difficulties | <input type="checkbox"/> 12 Dyslexia | <input type="checkbox"/> 95 Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> 04 Visual impairment | <input type="checkbox"/> 13 Dyscalculia | <input type="checkbox"/> 96 Other learning difficulty |
| <input type="checkbox"/> 05 Hearing impairment | <input type="checkbox"/> 14 Autism spectrum disorder | <input type="checkbox"/> 97 Other disability |
| <input type="checkbox"/> 06 Disability affecting mobility | <input type="checkbox"/> 15 Asperger's syndrome | <input type="checkbox"/> 98 Prefer not to say |
| <input type="checkbox"/> 07 Profound/complex disabilities | <input type="checkbox"/> 16 Temporary disability after illness or accident | |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 17 Speech, language and communication needs | |
| <input type="checkbox"/> 09 Mental health difficulty | | |

Any additional information:

CRIMINAL CONVICTIONS (ALL APPLICANTS TO COMPLETE)

Kirklees College welcomes applications from ex-offenders and considers them on their merits. However, you are required to tell us about any convictions which are not spent under the Rehabilitation of Offenders Act (1974).

Do you have an unspent criminal conviction(s) or prosecutions pending Yes No

Please note: you do not need to tick the yes box if your criminal conviction is spent as defined by the Rehabilitation of Offenders Act 1974.

EMPLOYMENT RECORD

Please provide details of your employment record, starting with your current / most recent (including any voluntary or unpaid work)

Name and address of employer/organisation	Position/Job title	Type of work/duties	From (month/year)	To (month/year)

YOUR PERSONAL STATEMENT

The information you provide in this section will be used to shortlist your application, and in your interview as part of discussions so please answer each question as fully as possible. *(Use additional sheet if necessary).*

Please tell us why you are interested in undertaking this course.

Please tell us about any relevant professional or voluntary experience.

Please use this section to provide any additional information in support of your application.

Disclaimer

Kirklees College reserves the right to amend, withdraw, cancel, alter or amalgamate any or part of the course, location, facilities or costs at any time. Please be aware the location of some of the courses offered could be subject to change between the time of application and actual start date. All courses run subject to enrolment of minimum numbers of students.

SIGNATURE (ALL APPLICANTS TO COMPLETE)

I agree to Kirklees College processing and using the data contained in this form.

I agree that the information provided on this form is accurate and true.

I agree to Kirklees College sharing my details with relevant organisations to support my application.

Signature of applicant

Date

PLEASE RETURN THIS FORM TO:

Applications team, Kirklees College, Waterfront Quarter, Manchester Road, Huddersfield HD1 3LD.
Tel: 01484 437033 Email: applications@kirkleescollege.ac.uk