

For office use only
Reference No:



The course or activity that you are undertaking is being partly financed by the European Social Fund (ESF), through a programme called co-financing.



PART TIME COURSE APPLICATION 2018/2019

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:		Postcode:	
Forename:		National insurance number:	
Date of birth:		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 Learning Quarter
For courses at: Pioneer Centre and Springfield Sixth Form Centre

Huddersfield Centre
For courses at: Huddersfield Centre, Brunel Construction Centre, Engineering 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	Teaching and Training qualifications
Children and Young People's Workforce	Beauty Therapy or Hairdressing
Early Years Educator	Counselling level 2, 3 and 4
Cover supervision of pupils in schools	Work experience Diploma in Health and Social Care

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

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.

- | | | | |
|---|--|--|---|
| <p>White</p> <p><input type="checkbox"/> 31 English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> 32 Irish</p> <p><input type="checkbox"/> 33 Gypsy or Irish traveller</p> <p><input type="checkbox"/> 34 Any other white background</p> | <p>Mixed/multiple ethnic group</p> <p><input type="checkbox"/> 35 White and black Caribbean</p> <p><input type="checkbox"/> 36 White and black African</p> <p><input type="checkbox"/> 37 White and Asian</p> <p><input type="checkbox"/> 38 Any other mixed / multiple ethnic background</p> | <p>Asian/Asian British</p> <p><input type="checkbox"/> 39 Indian</p> <p><input type="checkbox"/> 40 Pakistani</p> <p><input type="checkbox"/> 41 Bangladeshi</p> <p><input type="checkbox"/> 42 Chinese</p> <p><input type="checkbox"/> 43 Any other Asian background</p> | <p>Black/African/Caribbean/Black British</p> <p><input type="checkbox"/> 44 African</p> <p><input type="checkbox"/> 45 Caribbean</p> <p><input type="checkbox"/> 46 Any other black / African / Caribbean background</p> <p>Other ethnic background</p> <p><input type="checkbox"/> 47 Arab</p> <p><input type="checkbox"/> 98 Any other ethnic group</p> |
|---|--|--|---|

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

