

Application Form

Access to HE Courses 2010/11



Please fill in this form using **BLOCK CAPITALS**

Surname Title (Mr, Ms, Mrs, Miss, Dr)

First Name(s)

Address

Post code Telephone No.

Date of Birth Age on 31st August 2010

Access Pathway/s applied for (please tick one or more)

- Pre-Access
- Step up to Access
- Art & Design
- Educational Studies
- Business & ICT
- Health Sciences
- Humanities & Social Sciences

Please state whether you would like the day or evening course Day Evening

Qualifications you have studied so far with approximate dates

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Qualifications you are studying for at the moment (if any)

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Please write a little about yourself. This can include where you went to school, what you have done since leaving school (e.g. work, bringing up a family), your plans for the future, what you would like to study at University. Please continue on a separate sheet if you wish.

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References: Please give us the names and addresses of two people we can contact to obtain further information about you regarding your commitment to study: These can be your former or present employers, former or present teachers / lecturers or someone who knows you in a formal or professional capacity.

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Additional Help

Please note that disclosing a need for additional help will not prejudice your application.

Please tick (✓) if you require additional help for any of the following:

- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism spectrum disorder
- Multiple learning difficulties
- Other learning difficulty
- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition (eg epilepsy, asthma, diabetes)
- Emotional/Behavioural difficulties
- Mental health difficulty
- Temporary disability after illness (eg post viral or accident)
- Profound complex disabilities
- Aspergers syndrome
- Multiple disabilities
- Other disability

For any other need, please give a brief indication of the support needed

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Or, I don't consider myself to have a learning difficulty or learning disability

Signature:

Date:

For Registry Use Only
Checked By Name
Date

Data Protection: Middlesbrough College is committed to the principles of the Data Protection Act 1998 and has notified the Data Protection Commissioner of the purpose for which we hold data. By completing this form you agree to Middlesbrough College processing personal data contained in this form. If you require further information about the College's Data Protection arrangements, please contact the College's Information Manager. The information you provide on this form may be passed to relevant agencies.

When you have completed this form, please return to:

FREEPOST, Admissions Department, Middlesbrough College, Dock Street, Middlesbrough, TS2 1AD

If you are unsure about filling in any part of this form, we will be happy to help you.

Simply call us on 01642 333700