

# FULL TIME OR APPRENTICESHIP APPLICATION FORM 2010/11

Please complete in BLOCK CAPITALS and BLACK INK

Surname:  First Name:  Known As:

Title: Mr  Mrs  Miss  Ms  Date of Birth:

Age on 01/09/10:  Gender: Male  Female

Home Address:

Postcode:  Nationality:

Email Address:  Tel:  Mobile Tel:

Name of Parents/  
Guardian: (If under 19)  Tel No of Parents/  
Guardian:(in case of emergency)

Have you been continually resident in the EU since 1st September 2007? Yes  No

If not and you are under 19 on 1st September 2010, have your parents  
been continually resident in the EU since 1st September 2007? Yes  No

Alternative Address for correspondence (if different from home):

Postcode:  Tel No:

## Please indicate the areas or courses you are most interested in below:

AS/A Levels in order of preference	Vocational (NVQ, BTEC, etc)	Apprenticeships/Other
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What career would you like to do with your qualifications?

Name of Employer (Apprenticeships only):

If you have applied to study an Apprenticeship, please confirm if you would like to study at  
the North Dorset Skills Centre (Shaftesbury) Yes  No

For CLEO  
use ONLY

Date Received:

Person Code:

Funding Status

Travel:

Do you have a medical condition, learning difficulty or disability that may affect your studies?  
If so, what do you require extra help with? (please tick)

Writing  Study Skills  Spelling  Numeracy

Medical Conditions  Other Specific Learning Difficulties

Yeovil College welcomes the Disability Discrimination Act (part 4) and we want to help you get the very best experience from your course. We will offer opportunities prior to enrolment for you to disclose and discuss (in private) your individual support needs. (If you fail to disclose information at this stage it may delay provision or relevant on-course support).

Is English your first language? Yes  No

Please state your most recent School or College:

School/College Name:  Date From:  Date To:

School/College Address if not in Somerset or Dorset:

Are you currently a Yeovil College Student Yes  No  If yes please enter the name of your tutor:

**Enrolment interviews will take place in August 2010.**

**Autumn Term Begins week commencing 7th September 2010. Please state the dates of your holidays, if you are unable to attend the enrolment interviews in August 2010.**

Are you applying to other colleges/sixth forms? Yes  No   
(this will NOT affect your application)

Financial assistance may be available if you are applying for a full time course at College. If you are aged 16-18 you may qualify for an Education Maintenance Allowance or over 19 you may be entitled to an Adult Learning Grant. For further information regarding Learning Support Funds, please contact the Learner, Finance and Welfare Co-Ordinator on **01935 845452**.

**RETURN ADDRESS:** Customer Liaison and Enrolment Team Office, Yeovil College,  
Mudford Road, FREEPOST (BS89450), Yeovil Somerset BA21 3TZ

Information you provide on this enrolment form will be passed onto the Learning Skills Council. The Learning Skills Council is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. This will enable the Council and its partners to monitor performance, improve quality and plan further provision. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

If there is anything else you would like to make us aware of please detail below: e.g sport, musical interests, Duke of Edinburgh Award or community involvement.

I confirm that all the information detailed on this form is correct.

Learner Signature:  Parent Guardian Signature:   
(if learner is under 18)