

part-time Application Form



anguscollege

For office use only

Student I.D.No. Course Code(s)

The information you provide will be used in confidence for education and training administration

● Course(s) Applied For:

Delivery Option: (please tick) Part-time Day Part-time Evening Distance Learning

○ Fee Details

Sponsor Funded Self Funded ILA Scotland Funded ILA Account No.

I am in receipt of Benefit Please issue Fee Waiver Form

○ Student Details

● Surname: ● Title: Mr/Mrs/Miss/Ms

● Forename(s): ● Date of Birth: / /

● Address:

● Town: ● Postcode:

● Telephone (inc. area code): ● Email address:

● Have you attended Angus College before? Yes* No *If Yes, in what name?

○ Qualifications

Please list qualifications which you have gained previously, if any, and qualifications for which you are awaiting results.

Subject	Type of Qualification eg. Standard Grade, SCE Higher, City & Guilds etc	Name of school/college/university	Grade/Band	Date Gained	Date Results Expected

● Dates of previous employment, work experience, training placements or voluntary experience.

Employer	From	To	Brief Details of Experience/Training

○ References

School leavers: Please give names and addresses of two referees, one from your Guidance Teacher, one from a subject Teacher

Others: Please give names and addresses of two referees

1.

2.

Monitoring Information

The following information given will be treated in the strictest confidence and in accordance with the Data Protection Act

How did you learn of the course?

Newspaper advert Open Day/Evening Direct Contact Friend/Relative Library
 Prospectus Mailshot College Website TV/Radio Other*

*Please specify _____

Please indicate your employment status immediately prior to joining this course:

Employed Unemployed Long-term unemployment over 12 months At school
 Other* *Please specify

Ethnic Origin (please tick which one applies to you)

10 White Scottish 11 White English 12 White Welsh 13 White Irish 14 Other White
 15 Mixed Background 16 Indian 17 Pakistani 18 Bangladeshi 19 Chinese
 20 Other Asian 21 Caribbean 22 African 23 Other Black 24 Other Background

Support

Angus College is committed to meeting the needs of all students, irrespective of ability or disability, and will take all reasonable steps to ensure that you can benefit from the full range of services we provide. The College has a policy to ensure you receive appropriate support.

Do you have difficulty with

Reading Yes No Writing Yes No Sight Yes No
 Mobility Yes No Hearing Yes No Any health related issue* Yes No

*If yes, please add further details: _____

Do you feel this may affect your studies, and would you like additional support? Yes No Not sure

If you would like to discuss any support needs you may have, please call The Advice Centre on 01241 432727

If attending College at present, please state: Course: Course Tutor:

Declaration

I confirm that the information given by me on this application form is correct and complete. I agree that information disclosed in this form may be passed to relevant support services.

Signature: _____ Date: _____

Signature of Parent of Guardian (if applicant is under 18) _____ Date: _____

If you do not wish to receive further course information, please tick the box

Please note

If you require nursery services please apply as soon as possible on a separate form which may be obtained from Students Services.

Thank you for your interest in Angus College and for completing this form.

Please return to: Central Admissions . Isla Building . Angus College . Keptie Road . Arbroath . Angus . DD11 3EA

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Date Application received: Acknowledged: Date Interview letter sent:

Interview date: Time: Interviewer:

Date References requested: References received: 1 Date: 2 Date:

Result: Unconditional Acceptance Conditional Acceptance Waiting List Unsuccessful

Date intimated to student of unconditional acceptance Date intimated to student of conditional acceptance

Conditional acceptance received from student Yes No Date:

Unconditional acceptance received from student Yes No Date:

Notes: _____