

Student ID No: (office use only)



Myerscough
College
Opportunities for all to succeed

APPLICATION FORM

Please apply through UCAS for full-time Higher Education degree courses.

To submit this form online, open the pdf file in Adobe Reader (available to download from www.adobe.com) and type your details in the relevant spaces. Once completed, save the application form on your computer and then submit your application by emailing it to enquiries@myerscough.ac.uk

Alternatively, print out the blank form and complete it in BLOCK CAPITALS in BLACK INK and return it to: The Admissions Office, Myerscough College, Bilsborrow, Preston. Lancashire PR3 0RY

We will process the information provided within the terms of the Data Protection Act 1998.

Surname:	Title:
Forename(s) in full:	Nationality:
Date of Birth:	Age on next 31 August:
Contact address:	
	Postcode:
Email:	Parent/Guardian Email:
Tel No. (inc. area code)	Mobile Tel No:

Course Title (as shown in prospectus eg. Level 2 Diploma Horticulture):

Centre Required: Preston Liverpool Manchester Blackburn
(Bilsborrow) (Croxteth Park) (Old Trafford) (Witton Park)

If Preston Centre, please tick if you are interested in College accommodation Part Time Online Study

Year of Entry: September

Are you in the care of the local authority?
This could mean foster care or a residential home

Yes No Prefer not to say

European Union resident for last 3 years:

YES NO

Have you recently left care?

Yes No Prefer not to say

ETHNICITY

White

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

Mixed / Multiple ethnic groups

- 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 group

- 47 Arab
- 98 Any other ethnic group

EMPLOYMENT HISTORY/WORK EXPERIENCE

Employer's Name and Address	Dates	Types of Business and Positions Held
Present:		
Previous:		

PERSONAL STATEMENT/CAREER AMBITIONS This section is very important

Please use this space **and** a separate sheet (or attach a separate document) for a statement supporting your application. Our courses are very popular so you need to demonstrate your enthusiasm and commitment to achieve a place. Tell us why you've chosen the course and give us relevant information about your achievements, experience and ambitions. Above all, try to ensure that you stand out from the crowd.

CRIMINAL CONVICTIONS This section must be completed

Do you have a criminal conviction? (excluding fixed penalty driving offences) YES NO If YES, details should be given in a sealed envelope.

The College has a duty of care, particularly to learners who are under 18 years of age. In view of this all applicants are required to declare any criminal convictions. All information given will be treated as sensitive data under the Data Protection Act and dealt with in accordance with our Equality and Diversity Policy and Admissions Policy.

DATA PROTECTION

The information you provide in the application process and the results of the selection process within College will be shared with other organisations for the purpose of administration, careers and other guidance, as well as statistical and research purposes. Other organisations with which we will share information include: the Skills Funding Agency, Education Funding, Connexions, local authorities, educational institutions and organisations performing research and statistical work on behalf of government agencies, local authorities or their partners.

You may inform the College at any time if you no longer wish to receive information about College courses, services and events. Write to the Data Protection Officer, Myerscough College, St Michaels Road, Bilsborrow, Preston. Lancashire PR3 0RY or email dpo@myerscough.ac.uk.

DECLARATION

I understand that the above information forms the basis on which a place may be offered to me, and declare these particulars are to the best of my knowledge correct. I also understand that the place may be withdrawn if undeclared, additional needs or criminal convictions subsequently come to light.

Name/Signature of Applicant:

Date:

FOR OFFICE USE ONLY

Tutor please complete in full

Student Name:

Review of application conducted by:

Date:

INSTRUCTION TO ADMISSIONS

Tutor to tick (or complete) relevant options

Title of course offered:

Year of Entry:

Please state if full-time or part-time (where appropriate)

1. Offer unconditional place

2. Offer conditional place

Subject to: (eg. GCSE, A Levels, work experience): [Please give details](#)

3. Refer to Advisory Panel

[Please state reasons](#)

4. Not accepted

[Please state reasons](#)

Other comments

Name/Signed:

Date:

EXCEPTIONAL ENTRY APPROVAL

Reason candidate should be accepted:

Name/Signed: (Course Tutor)

Date:

Name/Signed: (Head of Area)

Date:

ADDITIONAL LEARNING REQUIREMENTS QUESTIONNAIRE



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Questionnaire for students who may require support with their learning.

ALL REQUESTS FOR LEARNING SUPPORT WILL BE CONSIDERED ON AN INDIVIDUAL BASIS BY THE INCLUSIVE LEARNING TEAM

Personal details

Name:

Date of Birth:

Home Address:

Postcode:

Tel No. (inc. area code)

E-mail Address:

Course title:

Full-time

Part-time

Further Education/
School Leaver

Higher Education Degree

Year of entry:

What is your Learning Difficulty, Disability or Medical Condition?

How does this affect your learning?

Have you had help at school or another college?

Yes

No

Previous school/college

Local authority:

What kind of help did you have? e.g. equipment, tutor support, in-class support:

Did you have exam access arrangements?:

Yes

No

Please state what exam access arrangements were made:

Support evidence. Applications cannot be processed until all relevant evidence is received.

An Education Health and Care Plan?	Date: _____	<input type="checkbox"/> Sent to College
A SEN Action Plan?	Date: _____	<input type="checkbox"/> Sent to College
A Statement of Special Educational Need?	Date: _____	<input type="checkbox"/> Sent to College
An Educational Psychologist's Report?	Date: _____	<input type="checkbox"/> Sent to College
A Medical Report/Letter?	Date: _____	<input type="checkbox"/> Sent to College
139A Learning Difficulty Assessment?	Date: _____	<input type="checkbox"/> Sent to College
Other? (please specify)	Date: _____	<input type="checkbox"/> Sent to College

Higher Education students (Degree courses only)

Learning support is provided through the Disabled Students Allowance

To apply for a Disabled Students Allowance (DSA) please contact Student Finance England. (www.direct.gov.uk/studentfinance)

Please contact the Inclusive Learning Team if you have any queries regarding Disabled Students Allowance.

Will you be applying for residential accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any personal care requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please add anything else you feel we should know:

To enable the College to meet your individual learning needs, we will need to share the information you give us with other relevant members of college staff.

<input type="checkbox"/> I agree to this	<input type="checkbox"/> I do not agree to this
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Name/Signature of Applicant: _____	Date: _____
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Name/Signature of Parent or Guardian: <i>(if under 18)</i> : _____	Date: _____
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