## **APPLICATION FORM 2021/2022**

Please return your completed application to the Student Data Team, Suffolk New College, Ipswich, IP4 1LT. If you have any queries please ring 01473 382288.

Person Code

(for office use only)

For more information on how Suffolk New College use your data visit www.suffolk.ac.uk/privacy



YOUR CO	URSE						
Course type?	Full Time	Part Time					
Which course	do you wish to st	udy? Please giv	e the full title for y	our 1st & 2nd choic	ce from the pro	ospectus	
1) Course Titl	е					Level	
2) Course Titl	е					Level	
PERSON	AL DETAILS						
Title	Miss	Mr	Mrs	Ms	Dr		
Forename							
Surname							
Middle names	3		If you have a p	previous surname,	what was it?		
Date of Birth					Sex	Female	Male
Personal Ema	ail Address						
Personal Mob	oile Number						
Unique Learn	er Number (if know	wn)					
What is your	last school/college	you attended?					
ADDRESS	s ———						
Address							
Town				County			
Postcode			ł	Home Telephone			
PARENT /	CARER / EN	IERGENCY	CONTACT				
Title	Miss	Mr	Mrs	Ms	Dr		
Full name							
Email							
Telephone				Mobile			
Relationship t	to you						
EQUAL O	PPORTUNIT	IES ——					
Do you have	Do you have any criminal convictions or are you currently subject to a police investigation?						
Have you been resident in the UK or EU for the last 3 years?							No
If no, what wa	as your previous co	ountry of resider	nce?				
Nationality							

ETHNICITY Arab	HNICITY Arab Asian or Asian British - Indian			British - Pakistani			
Asian or Asian British - Asia	Asian or Asian British	n - Bangladeshi	Black or Black British - African				
Black or Black British - Caribbean	Black or Black	British - other Black b	packground	Chinese			
Gypsy or Irish Traveller	Mixed - any other mixed ba	Mixed -	White and Asian				
Mixed - White and Black	Mixed - White and Black C	Caribbean	Other Prefer not to say				
White - any other background	White British	White Irish					
SUPPORT NEEDS -							
Do you have any learning difficultie	es or disabilities?		Yes	No			
If yes, please select from the follow	ving Dyslexia Vis	sion Impairment	Hea	aring Impairment			
Wheelchair / Mobility	Personal Care S	Support Needed	Mental	Health Difficulty			
Learning Disability	Autistic Spectrum Disorders	Epilepsy		Irlen Syndrome			
Literacy & Numeracy F	Physical Disability	Other					
If other, please provide any other r	elevant details						
Are you a young adult carer?			Yes	No			
Are you in foster care?	Are you in foster care?						
Have you previously been in foster	Yes	No					
Are you supported by Social Care	Yes	No					
Are you supported by Social Care	Yes	No					
Are you supported by Social Care / the Early Help Team under a CAF?							
Do you live in supported accommodation? (E.g. YMCA, Christchurch House, The Foyer etc.)  Yes  No							
Did you receive any special arrang (If yes, please bring evidence to you	Yes	No					
Do you have an Education Health Care Plan?  Yes  No							
Do you use specialised transport to travel to school arranged by Suffolk County Council? Yes No							
Are there any health/medical needs which the College needs to be aware of?  Yes  No							
If yes, please provide details							
Please provide your Social Worker	rs name						
Social Workers Email	Ş	Social Workers Phone	number				
QUALIFICATIONS -							
Please enter your GCSE (or equiv	alent) qualifications and grades	below e.g - GCSE Ma					
Type (GCSE/BTEC etc)	Subject		Year Achieved	Grade Predicted Grade			