

Wirral Metropolitan College

Course Application Form

Learner Code (Office use only)

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Wirral Metropolitan College

Please write clearly in BLOCK letters. If you need help completing this form then please contact Learner Services
0151 551 7777

Title Mr Mrs Miss Ms Other.....

Male Female

Surname/Family Name		Date of Birth D D / M M / Y Y
First Name/s		Age
Permanent Home Address	Phone Number/s Day	
Postcode	Evening/mobile	
Email address		

Is English your first language? Yes No

Please indicate country/countries of residence for the last 3 years

England Wales Scotland Northern Ireland

Other.....

How did you hear about us?

- Connexions
- Friends/family
- Press Advert
- School
- Studied/studying here
- Website
- WMC Open Day/Evening
- Other

Are you currently studying at Wirral Metropolitan College? Yes No

We are able to offer you advice and guidance to help you choose the most appropriate course/level of study.
To speak to a Student Adviser please contact 0151 551 7777.

Course you are applying for <i>(course details and entry guidelines are available on our website www.wmc.ac.uk)</i>
Do you want to Study: <input type="checkbox"/> Full time <input type="checkbox"/> Part time (day) <input type="checkbox"/> Part time (eve)

Recent Education and Training

Name of School/College	Brief Address	Full or Part-time	From	To

Qualifications (list all qualifications taken or due to be taken and results expected/achieved)

Type and Level of Examination	Subject or Unit	Grade	Date Taken

please attach separate sheet if required

PTO

PLEASE RETURN TO:

Learner Services Centre, Wirral Metropolitan College, Conway Park Campus, Europa Boulevard, Birkenhead CH41 4NT.

Recent Employment, work experience,voluntary or community work particularly if it is a requirement for the course.

Nature of Work	Employer's or Organisation's Address	Full or Part-time	From	To

Tell us why this course is right for you:- include your interest in the course, your career plans and how you meet the course requirements. Course details available www.wmc.ac.uk or from any College Campus.

Ethnic Background

To help us monitor equal opportunities please indicate how you would describe your ethnic background.

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> African | <input type="checkbox"/> White + Asian | <input type="checkbox"/> White British |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White + Black African | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Black | <input type="checkbox"/> White + Black Caribbean | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> White + Other | <input type="checkbox"/> Other |

Support

The College wants to give you the opportunity to get the best from your course. Any information provided will only be used to help us make reasonable adjustments that would support you on your course.

	Yes	No
Do you consider yourself to have a disability/health problem?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself to have a learning difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a member of our support team to discuss your needs?	<input type="checkbox"/>	<input type="checkbox"/>
Would you need assistance to evacuate the building in case of fire or other emergency?	<input type="checkbox"/>	<input type="checkbox"/>

I agree to the College processing personal data on this form. I understand that the College may pass some information to its funding agencies and other authorised bodies that are registered under the Data Protection Act 1998. Further information on this is available from the College.

Student Signature..... Date.....

Office Use Only

TO BE COMPLETED BY STUDENT ADVISER

Log & Invite to Assessment Log/Acknowledge/File Log & Send to Tutor.....

Signature..... Date.....

Date	Notes	Initials

TO BE COMPLETED BY TUTOR AND RETURNED TO LEARNER SERVICES AT CONWAY PARK

Course Name	Unconditional Offer	Conditional Offer	Reserve	No Offer	Did Not Attend

Notes (including conditions of offer)

Signature..... Date.....