

This form works best with a pdf reader such as Adobe

<b>Title:</b> Mr. Mrs. Ms. Miss Other		<b>Date of Birth:</b>  Male Female Other	
<b>Forename(s):</b>		<b>Surname/Family Name:</b>	
<b>Home Address:</b>		<b>Phone Numbers:</b>	
		<b>Email:</b>	
<b>Postcode:</b>	Postcode check: N-D D	<b>Would you like to join our course brochure mailing list?</b> Yes No	
<b>If you would like to nominate someone for us to contact in an emergency, please give their details below:</b> Name:		<b>What is your nationality?</b>	
Relationship to you:		<b>Please choose the option that best describes your ethnic group/background:</b>	
Contact Number(s):		<b>White</b> English/Welsh/Scottish Northern Irish/British Irish Gypsy or Irish Traveller Any other White background	<b>Asian / Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian
<b>Have you been living in the UK or EEA as a permanent resident for the past 3 years (or are a member of, or dependent of a member of, the British Armed Forces)?</b> Yes No - Please specify		<b>Mixed / Multiple Ethnic Groups</b> White and Black Caribbean White and Black African White and Asian Any other Mixed/ Multiple Ethnic background	<b>Black / African / Caribbean / Black British</b> African Caribbean Any other Black /African /Caribbean background
If your answer is 'no', please contact us for more information.		<b>Other Ethnic Group</b> Arab Any other Ethnic group	<b>Other:</b>  <b>I am a care leaver</b>
<b>How did you hear about us?</b> Our website Facebook Twitter Instagram Word of mouth Returning learner. Course brochure (printed.) Course brochure (emailed) Other – please specify.			
<b>Do you have a difficulty that may affect your learning? No</b> If yes, please specify the difficulty or disability. Vision Hearing Other physical disability Mobility Temporary disability after illness Dyslexia Moderate Learning Difficulty Social & Emotional Speech, Language & Communication Asperger's Syndrome Autism Spectrum Disorder Mental Health Prefer not to say Other specific learning difficulty or medical condition (please describe) If your answer is 'yes', please also discuss your additional needs with your tutor or contact reception to discuss with an advisor.			
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I have been made aware of the <b>Privacy Notice</b> above.			

