

1 Detach this form 2 Complete your details 3 Insert into envelope  
4 Add address below and post to:

**The Admissions Team, Lincolnshire Regional College,  
Heath Road, Skegness, PE25 3SY.**

## 1 Personal Details

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Female  Male

Have you lived in the UK or European Union for all of the past 3 years? Yes  No

## 2 Nationality & Ethnicity

Please tick box or specify (if left blank the Institute will assume country of residence: England and nationality English)

Country of Residence: ENGLAND  If other specify: \_\_\_\_\_

Nationality: ENGLISH  If other specify: \_\_\_\_\_ Overseas, UK entry date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Ethnicity (select appropriate code): \_\_\_\_

- |                                         |                                              |                                   |
|-----------------------------------------|----------------------------------------------|-----------------------------------|
| 11 Asian or Asian British – Bangladeshi | 17 Black or Black British – Other Background | 23 White – British                |
| 12 Asian or Asian British – Indian      | 18 Chinese                                   | 24 White – Irish                  |
| 13 Asian or Asian – Pakistani           | 19 Mixed – White and Asian                   | 25 White – Other White background |
| 14 Asian or Asian – British             | 20 Mixed – White and Black African           | 98 Any other                      |
| 15 Black or Black British – African     | 21 Mixed – White and Black Caribbean         | 99 Not known/provided             |
| 16 Black or Black British – Caribbean   | 22 Mixed – Any other background              |                                   |

## 3 Health/Additional Needs

Do you have any medical condition/disablement?: YES, enter code \_\_\_\_ NO, please tick

- |                                  |                                                              |          |
|----------------------------------|--------------------------------------------------------------|----------|
| 01 Visual impairment             | 05 Other medical condition (e.g. epilepsy, asthma, diabetes) |          |
| 02 Hearing impairment            | 06 Emotional/behavioural difficulties                        |          |
| 03 Disability affecting mobility | 07 Mental health                                             |          |
| 04 Other physical disability     | 08 Temporary disability after illness                        | 97 Other |

Do you have a learning difficulty?: YES, enter code \_\_\_\_ NO, please tick

- |                                 |                                       |          |
|---------------------------------|---------------------------------------|----------|
| 01 Moderate learning difficulty | 11 Dyscalculia                        |          |
| 02 Severe learning difficulty   | 19 Other specific learning difficulty |          |
| 10 Dyslexia                     | 90 Multiple learning difficulties     | 97 Other |

Lincolnshire Regional College is committed to providing the best learning experience/opportunity and any additional assistance or support you may require. To help us do this, please answer these questions accurately.

If you would like to become more actively involved in the development of policies at Lincolnshire Regional College, please contact Equality & Diversity Co-ordinator on 0800315002.

## 4 Additional Information

Please provide additional information, particularly about your work experience, jobs, training and personal interests (Please include dates)

## 5 Subjects/Courses Studied

Subject/Course	Examination (GCSE, AVCE, AS/A2, EDEXCEL, RSA, NVQ, NONE)	Completion Date	Actual Grade (If Taken)	Subject/Course	Examination (GCSE, AVCE, GNVQ, AS/A2, EDEXCEL, RSA, NVQ, NONE)	Completion Date	Actual Grade (If Taken)

## 6 Choice of Course

If you have a Record of Achievement, please take this to the Interview.

	Subject/Course Titles
1st choice	
2nd choice	

## 7 Course Applied For

Why do you want to take the course/training for which you have applied? (Include any career aims if known, you may wish to continue on an extra sheet)

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

At times the Grimsby Institute Group may take photographs to be used for internal and external purposes.

If you wish for your image not be used you must make the photographer aware of this at the time.

## 8 Have you been suspended or excluded from a school or college?

Yes  No

### Do you have any unspent criminal convictions?

Yes  No

Some courses require work placements in a setting with access to young people who are under the age of 18 and / or vulnerable adults. These placements and a place on the course are subject to a satisfactory disclosure from the Disclosure and Barring Service.

## 9 Data Protection Act 1998

Under this Act we need your specific written permission to hold and process the information you have given us on this form, for administrative, academic and health & safety reasons. By signing the form you give your consent. Without your signature WE WILL NOT BE ABLE to process your application. Further information about data confidentiality is available on request from the MIS section at Lincolnshire Regional College.

## 10 School Comment (If Appropriate)

Attendance? Very Good  Good  Satisfactory  Below Average  Poor  Attendance \_\_\_\_\_%

Is the student on the Special Education Needs Register? Yes  No  (If yes please provide details on an extra sheet)

Appropriate level of course for further study? Advanced  Intermediate  Foundation

Suitable course applied for?

Any other comments

Name of Tutor \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form in an envelope to:

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