



APPLICATION FOR ADMISSION TO HIGHER EDUCATION

INSPIRING | TRANSFORMING | ENRICHING

PLEASE WRITE DETAILS CLEARLY. DO NOT INCLUDE ADDITIONAL SHEETS.

1. PERSONAL INFORMATION

SURNAME	FORENAME(S)	MR/MRS/MS
EMAIL		MOBILE TEL.
PERMANENT HOME ADDRESS		HOME TEL.
POSTCODE		
EMPLOYER NAME & ADDRESS (if applicable)		WORK TEL.
POSTCODE		

2. COURSES APPLIED FOR IN ORDER OF PREFERENCE. Please write in full.

COURSE	COURSE CODE	FULL TIME OR PART TIME	YEAR OF ENTRY
COURSE 1			
COURSE 2			
COURSE 3			

3. LEARNING SUPPORT

If you have any reason to believe you may require additional assistance due to a health problem or disability, please tick the box

Students/Trainees should draw any immediate difficulties to the attention of College staff immediately on joining a class. The College shall take reasonable time to consider your special requirements and will take such steps as are reasonable in facilitating these requirements

- | | |
|---|--|
| <input type="checkbox"/> SPECIFIC LEARNING DISABILITY (DYSLEXIA/DYSPRAXIA/ADHD/ADD) | <input type="checkbox"/> MENTAL HEALTH DIFFICULTY |
| <input type="checkbox"/> BLIND OR PARTIALLY SIGHTED | <input type="checkbox"/> UNSEEN/HIDDEN DISABILITY |
| <input type="checkbox"/> DEAF OR HARD OF HEARING | <input type="checkbox"/> TWO OR MORE OF THE ABOVE |
| <input type="checkbox"/> WHEELCHAIR OR MOBILITY DIFFICULTY | <input type="checkbox"/> OTHER DISABILITY, SPECIAL NEED OR MEDICAL CONDITION |

5. PREVIOUS SCHOOL/COLLEGE

SCHOOL/COLLEGE	ADDRESS	FROM	TO

6. EXAMINATIONS TAKEN Please list all subjects taken with results, beginning with the highest level qualification.
For School Leavers/College Leavers the Principal/Careers Teachers are asked to ensure that the academic record as stated by the applicant below is correct.

EXAMINING BODY	DATE	LEVEL	SUBJECT/MODULE/UNIT	GRADE

Academic record verified by: _____ **Position:** _____ **Date:** _____

7. EXAMINATIONS TO BE TAKEN Please list all subjects to be taken

EXAMINING BODY	DATE	LEVEL	SUBJECT/MODULE/UNIT	GRADE

8 ADDITIONAL INFORMATION

Please provide additional information which you would like to give in support of your application, e.g. employment, sport, hobbies, special interests, experience, etc.

STUDENT STATUS The fees for the course(s) you have applied for will be classified as either home or international fees depending on your immigration status in the UK on the start date of your course. Depending on the information you provide, a fees assessment may be required and further evidence of the information you provide will be required.

Where have you been living for the last 3 years from the start date of your course?
(Please tick all boxes that apply for the full 3 years)

Northern Ireland Rest of UK EEA/EU/Switzerland Rest of World*

* If you ticked rest of world, please can you state what your immigration status is in the UK?

Residence Permit/ Student Visa/ Dependents Visa/ Work Visa/ Spouse Visa
 British Citizen/ Asylum Seeker/ Refugee/ Humanitarian Protection/ Discretionary Leave/ Right of Abode/ Indefinite Leave to remain/enter
 Other, please state _____

Appropriate fees must be paid accordingly. If you are unsure of the residency requirements, please refer to the criteria laid down by Department for Employment and Learning in circular FE 06/07

STUDENT DECLARATION

In return for the provision of teaching materials as appropriate I agree to abide by the rules of the College and attend classes, tutorials, produce assignments and other work as required by the teaching staff. I have read, understood and agree to abide by the College's Acceptable Use Policy in relation to use of the Internet through College networks. I certify that the details on this form are correct and, after noting these conditions, wish to enrol for this course. I undertake to pay all appropriate fees related to this course.

Signed _____ Date _____

10 EDUCATIONAL REFERENCE - For completion by applicant to full-time courses only

Please provide the name of someone who has detailed knowledge of your studies and experience, and can assess your suitability for the course.

Referee's Name: _____ Occupation: _____

Address: _____

Tel No: _____ Email: _____

Data Protection Notice: some of the information on this form will be forwarded to the Department for Employment & Learning (and its appointed agents) for statistical purposes. Individual students will not be identified in any analysis. In addition to the above the College may occasionally make our student list available to carefully selected organisations.

Please tick if you would prefer to be excluded from such mailings

On completion please forward to your local Campus:

The Admissions Office
South Eastern Regional College
Lisburn Campus
39 Castle Street
Lisburn
BT27 4SU

The Admissions Office
South Eastern Regional College
Bangor Campus
Castle Park Road
Bangor
BT20 4TD

The Admissions Office
South Eastern Regional College
Newtownards Campus
Victoria Avenue
Newtownards
BT23 7ED

The Admissions Office
South Eastern Regional College
Downpatrick Campus
Market Street
Downpatrick
BT30 6ND

T> 0845 600 7555

E> info@serc.ac.uk

W> www.serc.ac.uk