## COURSE APPLICATION FORM – LCOE

-FILL ALL FIELDS FOR APPLICATION TO BE VALID

PERSONAL DETAILS: Use UPPERCASE BLOCK letters

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Title: Date of Birth:

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Surname:

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Forename:

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Sex: Male Female

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Nationality:

Do you hold a current UK / EU Passport? (YES or NO)

ADRESS AND CONTACT INFORMATION

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Home Address: Mobile Number:

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Email:

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Postcode:

LEARNER SUPPORT INFORMATION

-If you have a disability or learning difficulty, you are welcome to discuss your needs in private, confidentially, disclosure allows us to accommodate your needs to support you in the course.

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Do you have a disability/learning difficulty? Yes No

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If ‘Yes’, do you require help when attending College interviews? (We will contact you) Yes No

Difficulty/Learning disorder (Tick all that apply):

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| Visual impairment |  | Emotional/behavioural difficulty |  | Dyscalculia |  |
| Hearing impairment |  | Mental health difficulty |  | ADHD |  |
| Motor disability |  | Asperger’s syndrome |  | Autism |  |
| Other physical condition |  | Severe/moderate learning difficulty |  | None |  |

*If other, please state:*

COURSE INFORMATION

1ST choice (list level and subject e.g., IPL Treatments level 4)

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2nd choice (list level and subject e.g., Beauty therapy level 2)

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Mode of study:

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Full-time Part-time morning Part time evening

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Weekend Other:

QUALIFICATIONS (MOST RECENT FIRST)

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| **Course/Subject:** | **Grade/Level:** |
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How did you hear about us? (Circle)

Friends/Family Facebook Instagram Google

Other:

**Signature:**

**Date: / /**