



Application Form

Making an application to study at the College does not commit you to accepting an offer of a place. Please complete all sections. If there is insufficient space in any section or you would like to include any additional information, please continue on a separate sheet and attach it to your application.

This form must be completed by the applicant in black or blue ink using BLOCK CAPITALS.

Please return the completed form to: Student Records, Askham Bryan College, Askham Bryan, York YO23 3FR.

For more information or help, call the Student Records team on 01904 772211.

Where would you like to study? (Please tick as appropriate)

Bedale Bradford Guisborough Harrogate Scarborough Thirsk Wakefield York

Section 1

Title _____ Forename(s) _____ Surname _____

Date of birth _____ National insurance number _____ Previous surname _____

Correspondence address _____ Name and address of next of kin _____

_____ Postcode _____

Tel no. (inc. STD code) _____ Mobile _____ Tel no. (inc. STD code) _____ Mobile _____

Email address _____ Email address _____

Nationality _____ Your Local Education Authority _____

Were you or your parents resident outside the UK at anytime during the last 3 years immediately preceding the anticipated start day of your course? Yes No

If yes, where did you live _____

Section 2

Full course title _____ Year of entry 2011 2012 2013

Government Funded Scheme

Are you participating on any Government Funded Scheme? Yes No If yes, specify which scheme _____

Section 6

Additional Learning in Support. It is important that we are aware of any additional learning support you may need whilst at Askham Bryan College.

If you believe you may need additional support, please give brief details here.

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Do you consider yourself to have a disability? Yes No If yes please give details

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If you have a disability, please give details of any special arrangements we could reasonably make to accommodate your needs.

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Do you require individual or group support? Please tick the box which applies. Individual Group

Section 7

Relevant practical experience and employment

Please give details of all full time and part time work experience (please continue on a separate sheet if necessary).

Employer's name and address	Date from	to	Main duties within role
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