

Full-Time Application Form

This form enables you to apply for a particular course, if known, or to state your general areas of interest so that you can be invited to the College to discuss suitable courses.



PLEASE USE BLOCK CAPITALS Please Tick Mr Mrs Miss Ms Ref. (Office Use) _____

Last Name _____ First Names _____

Home Address _____
 Postcode _____
 Tel. No. _____ Mobile _____
 Email _____

Parent or Guardian - Name and Address (for applicants under 18 yrs of age) _____
 Postcode _____ Tel. No. _____

Date of Birth _____ Age on 1st Sept next _____ Years _____ **Campus Preference** (Please tick) Wigan Leigh

Applicant's present / last school or college attended: _____
 Date of leaving: _____

Have you been a permanent resident in the UK during the last 3 years ?
 (Please tick) Yes No

Please indicate the course(s) you wish to apply for in order of preference if you are interested in more than one course:

Subject	Example: Art	Qualification	Example: AS/A Level	Example: BTEC National Diploma

Qualifications	Subject	Estimated Grade	Achieved Grade
Example: GCSE	Example: English	Example: B	Example: B

If you are unsure about which course you would like to study, please indicate your general area of interest.

Are there any dates which would not be convenient for the interview (eg exams)?

Apprenticeship (Day Release).
 Please name course and employer

PLEASE COMPLETE THIS SECTION

DISABILITY Do you consider yourself to have a learning difficulty/disability? 1 Yes 2 No

IF YOU HAVE A DISABILITY, you may require extra support with your study. Please tick the appropriate box below. **N.B.** If you have no additional support needs e.g. you are short sighted but your vision is corrected by spectacles or contact lenses, use Code 98. (no disability).

- | | | |
|---|--|---|
| <input type="checkbox"/> 98 no disability | <input type="checkbox"/> 05 other medical condition (e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> 09 profound/complex disabilities |
| <input type="checkbox"/> 01 visual impairment | <input type="checkbox"/> 06 emotional/behavioural difficulties | <input type="checkbox"/> 10 aspergers syndrome |
| <input type="checkbox"/> 02 hearing impairment | <input type="checkbox"/> 07 mental health | <input type="checkbox"/> 90 multiple disabilities |
| <input type="checkbox"/> 03 disability affecting mobility | <input type="checkbox"/> 08 temporary disability after illness (e.g. post-viral) or accident | <input type="checkbox"/> 97 other |
| <input type="checkbox"/> 04 other physical disability (e.g. a co-ordination problem, speech impairment) | | |

IF YOU HAVE A LEARNING DIFFICULTY, you may require extra support with your study. Please tick the appropriate box below.

- | | | |
|--|--|--|
| <input type="checkbox"/> 98 no disability | <input type="checkbox"/> 10 dyslexia | <input type="checkbox"/> 20 autism spectrum disorder |
| <input type="checkbox"/> 01 moderate learning difficulty | <input type="checkbox"/> 11 dyscalculia | <input type="checkbox"/> 90 multiple learning difficulties |
| <input type="checkbox"/> 02 severe learning difficulty | <input type="checkbox"/> 19 other specific learning difficulty (e.g. dyspraxia, aspergers) | <input type="checkbox"/> 97 other |

CRIMINAL CONVICTION DISCLOSURE Please note that answering yes to the following question will not automatically exclude your application.

Do you have an unspent conviction which involves an offence against a person, violent or sexual, or any offence involving alcohol, drugs or controlled substances?

- Yes No *An unspent conviction refers to a period of rehabilitation set from the time of the conviction. The length of this period is dependant on the sentence imposed. If you are unsure, please tick yes.*

By signing below I agree to Wigan and Leigh College processing, for any purpose, the personal details contained in this form.

Applicant's Signature _____ Date _____

Are you applying for any other establishment? (please tick) YES NO

If YES which? _____

If you have a RECORD OF ACHIEVEMENT, or PROGRESS FILE, please bring this with you when you come to the College to discuss your future course.

Interests, Hobbies or Achievements

By signing below I agree to Wigan and Leigh College processing, for any purpose, the personal details contained in this form and sharing information with relevant partners including Connexions and Schools.

Applicant's Signature _____ Date _____

FOLD HERE

Market Research

What was your MAIN reason for choosing Wigan & Leigh College?

1 Location of College 2 Choice of course 3 Reputation of College

How were you made aware of the College? Please tick all boxes which apply to you.

4 Connexions/Careers Service 8 College Publication 12 Bus Advert

5 Your previous School/College 9 Employer 13 Poster/Leaflet

6 Personal Enquiry 10 Newspaper Advert

7 Recommendation 11 Radio Advert

FOR OFFICE USE BELOW THIS LINE

INTERVIEW(S) CRSE <input type="text"/> Int _____ Date Time _____ Loc _____ CRSE Agreed _____ Conditional <input type="checkbox"/> Unconditional <input type="checkbox"/>	INTERVIEW(S) CRSE <input type="text"/> Int _____ Date Time _____ Loc _____ CRSE Agreed _____ Conditional <input type="checkbox"/> Unconditional <input type="checkbox"/>	CORRESPONDENCE Rec'd _____ Ack'd _____ Inter. Arrgd _____ PRE INTV _____ INT NAME _____	CRSE <input type="text"/> CRSE <input type="text"/> DIS <input type="text"/> <input type="text"/> School <input type="text"/> Source <input type="text"/> <input type="text"/>																		
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>LCSFC</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>ADS</th> <th>EVE</th> <th>OTH</th> </tr> </thead> <tbody> <tr> <td>Blocks</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				LCSFC	A	B	C	D	E	ADS	EVE	OTH	Blocks								
LCSFC	A	B	C	D	E	ADS	EVE	OTH													
Blocks																					

FOLD HERE

Business Reply
Licence Number
WN5115



COLLEGE ADMISSIONS
WIGAN & LEIGH COLLEGE
PO BOX 53
PARSON'S WALK
WIGAN
WN1 1BR