

Belfast Metropolitan College 2010/2011 Course Application Form



An online application facility is available at www.belfastmet.ac.uk. In the event you cannot access an online application system, please complete this form and return to: Central Admissions, Belfast Metropolitan College, Millfield (Gerald Moag) Building, B2/L3/25, 125-153 Millfield, Belfast B11 1HS.

Course information is available from: www.belfastmet.ac.uk/courses or the prospectus. A copy of the prospectus can be requested from Central Admissions on tel: 028 90 265 265 or email: Central_Admissions@belfastmet.ac.uk. For any queries, please contact Central Admissions on tel: 028 90 265 265.

Student ID Number (for office use only)

COURSE INFORMATION

Course Title (please write the full title of each course(s) you wish to apply for)	Building Location (available from prospectus or web)	Course Code (available from prospectus or web)	Full-time/Part-time (available from prospectus or web)
1			
2			
3			
4			

PERSONAL INFORMATION

Surname		Forename		Title
Date of Birth (Successful applicants must be aged 16 or over at commencement of course) / /				
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Email address		
Home address (Note: all correspondence will go to this address)		Term time address (if different from Home address)		
Postcode		Postcode		
Home Tel. Number		Mobile Tel. Number		
Next of Kin name		Relationship to Student		
Next of Kin Tel. Number				
Name of current or previous school/college			Location	
Start (month/year)		End (month/year)		

LEARNING SUPPORT

Belfast Metropolitan College welcomes enrolments from people with learning difficulties and/or disabilities. Please tick the box below if you wish your details to be passed to the College's Learning Support Team.

Do you have a disability or medical condition that may affect your studies?

If you wish to speak to someone in person, you can contact the Centre for Inclusive Learning, Room D18, College Square East, tel: 029 9026 5097.

MARKETING INFORMATION

Please indicate how you heard about the course(s) you have applied for:

- Friend
 Course Tutor
 Career's Teacher
 Information Day
 Newspaper
 Prospectus
 Radio
 Television
 Website
 Other (please specify)

QUALIFICATIONS

Please give details of your qualifications including those which you are awaiting results

Subject/ Qualification	Awarding Body	Level	Year Gained	Result/Grade

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/Dependants 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 at www.delni.gov.uk.

DATA PROTECTION: I declare that the information I have provided is correct. I am aware that the College reserves the right to withdraw or cancel any course at any time and shall have no claim against the College except for repayment of fees paid. I understand the information provided by me will be handled in accordance with the Data Protection Act 1998 and may appear in examination certificates awarded to me. I also agree to notify the College of any changes to my personal details. The College adheres to principles of Data Protection legislation.

The College may wish to contact you for research purposes or to offer other education products. Also, in order to streamline and simplify how information on learning and achievement is collected, handled and shared by the College, we will be utilising the Managing Information Across Partners (MIAP) service operated by the Learning Skills Council. At no time will your personal information be passed on to organisations for marketing or sales purposes. For further information, please go to <http://www.miap.gov.uk/about> and/or <http://belfastmet.ac.uk/infomiap>.

If you have an objection to this, please tick here.

STUDENT DECLARATION

I declare that I have read and understood the completed form. If awarded a place, I agree to pay all appropriate fees (if any) and adhere to College regulations.

Applicant's Signature Date

FOR OFFICE USE ONLY:

Keyed to QLS by:

Date keyed:

(6) Your Employment Status

- Economically Inactive (14) Employed Full-time (5)
 Employed Part-time (6) Unemployed (9)

(7) Employment Sector

- Agriculture, hunting and forestry(20) Fishing (21) Mining and quarrying (22)
 Manufacturing (23) Electricity, gas and water supply (24) Construction (25)
 Wholesale and retail trade (26) Hotels and restaurants (27) Transport, storage and communication (28)
 Financial intermediation (29) Real estate, renting and business (30) Public administration and defence (31)
 Education (32) Health and social work (33) Community, social and personal services (34)
 Not Known (99)

(8) Are you a person with a disability (Part A)

The Disability Discrimination Act considers a person disabled if:

The person has a long-standing physical or mental condition or disability that has lasted or is likely to last at least 12 months, and this condition or disability has a substantial adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out above?

- YES NO Not disclosed

If you have answered Yes you may, if you wish, give further detail by using Part B below.

Are you a person with a disability (Part B)

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment.

- Physical impairment, such as using your arms or mobility issues which mean using a wheelchair or crutches. (04)(C)
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment. (02)(B)
- Mental Health condition, such as depression or bi-polar. (06)(G)
- Learning disability/difficulty, (such as Down's Syndrome or Dyslexia) or cognitive impairment (such as Autistic Spectrum Disorder). (05)(F)
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy. (07)(E)
- Other (please specify) (99)(J)

Office use only

Keyed by

Date

Quality checked by

Date