

# 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, Newton Rigg College, Penrith, Cumbria, CA11 0AH.

For more information or help, call the Student Records team on 01768 893 651/696.

## 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 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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