SSLA Application Form 2009—2010

Plumpton College

Applying by post: Please return completed form to the address at the bottom of the page and mark for the attention of the short course office.

Applying by E-mail Please return completed form to enquiries@plumpton.ac.uk and send a copy to your course provider.

Title:	**First Name(s):**	**Surname:**

Male: ☐ **Female:** ☐ **Date of Birth:** ☐☐ ☐☐ ☐☐☐☐ **NI Number:** ☐☐☐☐☐☐☐☐☐

Address:
.....
.....
.....**Post Code**:.....

Daytime Telephone: .....
Evening Telephone: .....
Mobile: .....
Email Address: .....

Nationality: ☐ **Country of Normal Residence:** ☐

Ethnic Origin:

White British	☐	Bangladeshi	☐
White Irish	☐	Black African	☐
White Other	☐	Chinese	☐
Pakistani	☐	Other	☐
Black Caribbean	☐	Black Caribbean	☐
Black Other	☐	Refuse to say	☐

If other than British or European Economic Area National, Please state date of entry to the UK

_____

What is your first language?.....

Do you require learning support? Yes ☐ No ☐ Do you have a disability? Yes ☐ No ☐

If you have said yes to either question, please specify the support you require and tick the appropriate box below:

☐ Visual Impairment	☐ Emotional behavioural difficulties
☐ Hearing Impairment	☐ Temporary disability after illness or accident
☐ Disability affecting mobility	☐ Profound/complex disabilities
☐ Other physical disability*	☐ Multiple disabilities
☐ Other medical condition*	☐ Other
☐ Mental Illness	

*Please provide further details_____

	Course
Course **Training or Assessment**	
Provider	
Start Date	
All fees to be made payable to course provider as per course details listed on Sandstone Group website	
Total Cost	

I agree to comply with all regulations and pay the appropriate fees. I also agree to Plumpton College processing personal data provided by me on this form.

Signed by:..... Date:.....

Plumpton College, Ditching Road, Plumpton, East Sussex, BN7 3AE
www.plumpton.ac.uk 01273 890 454 enquiries@plumpton.ac.uk

Student Number:_____

Date Received:_____