

APPLICATION FORM 2019/2020

Please return your completed application to Admissions, Suffolk New College, Ipswich, IP4 1LT

If you have any queries please ring the Student Data Team on 01473 382288.

For more information on how Suffolk New College use your data visit www.suffolk.ac.uk/privacy



Suffolk
New
College

YOUR COURSE

Course type? Full Time Part Time

Which course do you wish to study? Please give the full title for your 1st & 2nd choice from the prospectus

① Course Title Level

② Course Title Level

PERSONAL DETAILS

Title Dr Lady Miss Mr Mrs Ms Rev

Forename Surname

Middle Names

If you have a previous surname, what was it?

Date of Birth Gender Female Male

ADDRESS

Address

Town County

Postcode

Telephone

Ethnicity

Arab Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - other Asia

Asian or Asian British - Bangladeshi Black or Black British - African Black or Black British - Caribbean

Black or Black British - other Black background Chinese Gypsy or Irish Traveller

Mixed - any other mixed background Mixed - White and Asian Mixed - White and Black

Mixed - White and Black Caribbean Other Prefer not to say White - any other background

White British White Irish

E-mail Address

Mobile Number

Emergency Contact Person

Emergency Number

ULN (if known)

What is your last school/college you attended?

Do you have any criminal convictions? Yes No

Have you been resident in the UK or EU for the last 3 years? Yes No

If no, what was your previous country of residence?

Do you have any learning difficulties or disabilities? Yes No

If yes, please select from the following

Dyslexia Blind / Partially Sighted Deaf / Hard of Hearing Wheelchair / Mobility

Personal Care Support Needed Mental Health Learning Disability Autistic Spectrum Disorders

Epilepsy Irlen Syndrome Literacy & Numeracy Physical Disability Other

If other, please provide any other relevant details

Are there any health/medical needs which the College needs to be aware of? Yes No

If yes, please provide details

Are you currently in care, or have you recently left care? Yes No

Did you receive any special arrangements in your exams? Yes No
(If yes, please bring evidence to your course information event)

Do you have an Education Health Care Plan? Yes No

Do you use specialised transport to travel to school which has been arranged by Suffolk County Council? Yes No

QUALIFICATIONS

Please enter your GCSE (or equivalent) qualifications and grades below e.g - GCSE Mathematics Grade 9

Type (GCSE/BTEC etc)	Subject	Grade
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How did you hear about Suffolk New College? School Search Engine Friend Parent, Sibling or Family Member

Social Media Schools Liaison Officer Youth Support Service Spotify Kiss FM Bus advertising

EADT, Ipswich Star Returning Student Other (Please state)

What influenced you to apply to Suffolk New College? Wide Range of Courses Location Friends Facilities Tutors

Sibling or Family Member Entry Requirements Other (Please state)

How easy was the application process? Very Easy Easy Hard Difficult