Part-time UCEN Manchester Programmes

Full-time UCAS Manchester programme applications are made through UCAS

www.ucas.com



UCEN Manchester Application Form

PLEASE USE A BLACK PEN AND WRITE CLEARLY IN BLOCK CAPITALS.

Section 1 Personal d	etails	Section 2 Co	urse choice	
		FIRST CHOICE		
Mr Mrs Ms Miss Other		Course title		
Surname				
Forename(s)		Mode of attendance *		
		○ Part-time (day)	O Part-time (evening)	
Date of birth	○ Male ○ Female	Entry point		
Current address		◯ September	◯ January	
		SECOND CHOICE		
Postcode		Course title		
Telephone		Mode of attendance *		
Mobile		◯ Part-time (day)	O Part-time (evening)	
E-mail		Entry point		
Permanent/Safe contact address (if different from above)		⊖ September	⊖ January	
		* See course details/HE pros as to options available for		
Postcode		Have you studied a high education course before		
Nationality				
Have you been resident in the UK/EU for past three years for purposes other than	or the OYes ONo			
If you are not a UK/EU national, please state your residency status in the UK (eg full UK resident, visa type, asylum seeker, ELE/ELR or ILR/refugee)				
Expiry date (if applicable)				

Personal statement Section 3

Please use this space to provide further information to support your application for your chosen course. You should consider previous study, paid or unpaid work and life experience, as well as your personal abilities and qualities, and any other information that will help demonstrate your suitability for the course. Please explain why you want to study the course and what you hope to do when the course has finished. Please attach additional pages, if necessary.

Section 4 Qualifications

Please list all the qualifications you have already completed, including those where the results are not yet known. These may include GCSE / O Level / CSE, A/AS Level, NVQ, GNVQ, Access. If you have studied overseas, please also provide details of the qualifications achieved. If you are waiting for the results of any qualification, please tick results pending. If no qualifications, please write No previous qualifications.

Awarding body eg Edexcel	Subject	Qualifications and Level eg GCSE, NVQ	Result achieved	Date achieved	Results pending

Name and address of last school or college attended, including any distance or open learning courses.

Date from Da	ate to	School or college

Voluntary and work experience Section 5

Please provide details of any paid and voluntary work experience to date, which may be relevant to your application.

Dates (from / to)	Paid / Voluntary Full-time / Part-time	Name of employer / Organisation	Job title	Main responsibilities

Employer's name				
Address				
			Postcode	
Section 6 Fees	How will your fees be paid?	Student Finance England	Self Funding	C Employer

First referee		Second referee	
Name		Name	
Address		Address	
	Postcode		Postcode
Telephone		Telephone	
E-mail		E-mail	
Job title		Job title	

Section 8 Market	ting How did you hear	about UCEN Manchest	er? (Please tick ONE o	only)
Advertisement (eg poster / newspaper / radio)	 Direct mail (eg letter / e-mail / SMS text) 	 Recommendation employer) 	on (eg friend /	Other (please specify)
◯ Event	◯ Social Media		\bigcirc	UCEN MANCHESTER
Can we contact your current em	ployer? 🔿 Yes 🔿 No			
	The and Black Caribbean	category best describe 39○ Indian 40○ Pakistani	es your ethnic origin. 44 O African 45 O Caribbean	47 Arab
33 Gypsy or Irish traveller	 36 White and Black African 37 White and Asian 38 Any other Mixed/ Multiple ethnic background Please state: 	 40 Pakistani 41 Bangladeshi 42 Chinese 43 Any other Asian background Please state: 	46 Any other Black background Please state:	Please state:
Section 10 Healt	h & Additional Nee	ds 🔿 I do not	have a disability 🔘 I d	lo not have a learning difficulty
O Education, Health and Care Plan (EHCP)	Statement	Difficulties nt (LDA) O Diagno / Exam	stic Dyslexia report consideration	I may require a Personal Evacuation Escape Plan (PEEP)
 Health Issue / Disability 4 Visual impairment (not or by glasses) 5 Hearing impairment 6 Disability affecting mobility 93 Other physical disability Please state: 95 Other medical condition Opilepsy O asthma O Any Other: I would like to discuss my additional learning support 	 9 O Mental health 16 Temporary diacession (eg post-viral) 7 O Profound com 15 O Aspergers syn diabetes 97 O Other disabilities Any Other: 	C difficulty 10 sabilty after illness or accident 11 nplex disabilities 12 ndrome 13	earning Difficulty / S ondition Moderate learning difficulty Severe learning difficulty Dyslexia Dyscalculia Speech, language and communication needs	 94 Other specific learning difficulty Please state: 14 O Autism spectrum disorder 96 Other learning difficulty Please state: 98 O Prefer not to say
Section 11 Additi	onal information			

The college wants to support students in as many ways as possible. Please give details of any health or physical conditions that may require special arrangements.

Do you require information on accommodation availability in Manchester?

⊖ Yes ⊖ No

Section 12 Declaration

We may occasionally wish to update you on new courses and opportunities at UCEN MANCHESTER

O Please tick here if you do not wish to receive this information.

THEINFORMATIONCONTAINEDINTHIS APPLICATIONISTRUEANDACCURATE.

Name (print)	
Signature	
Date	

Please send completed form to:

By Post to: UCEN MANCHESTER Admissions Team, FREEPOST RTTA-HHRS-UXAU, Openshaw, Manchester M11 9AL (No stamp or other information is required)

Freephone 03333 222 444

Tuition fees for 2017

PLEASE FIND OUT MORE ONLINE AT:

WWW.UCENMCR.TMC.AC.UK

Important - Equivalent or Lower Qualifications (ELQs)

From September 2008, any student enrolling on a higher education course in England has been subject to the Government's ELQ policy. This policy states that students cannot be funded for a higher education qualification that is equivalent to, or lower than, any qualification they have already achieved. There are some courses, for example, foundation degrees, which are exempt from this policy. Students who receive a Disabled Students' Allowance (DSA) during their studies are exempt from the ELQ policy. Please contact the college for further information.

DATA PROTECTION ACT 1998

The information you provide on this form will be passed to the Learning and Skills Council (LSC). The LSC is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data. The LSC will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow the LSC and its partners to monitor performance, improve quality and plan future provision.

OFFICE USE ONLY			
EBS person code			
COURSE ENQUIRIES			
Received	Forwarded		
Enquiry reference	Enquiry reference		
Please forward to the Administrator			
ADMINISTRATOR			
Received Forwarded			
То			
COURSE TUTOR			
Interviewing tutor			
Decision	Decision Decision date		
Please inform the Administrator of your decision			

FOR FURTHER INFORMATION ON HE FEES OR COURSES, CONTACT THE COURSE ENQUIRY TEAM ON 03333 222 444.