

# Part-time Application Form

Church Lane • Braintree • Essex • CM7 5SN Tel: 01376 321711 Fax: 01376 340799

Please complete and return to the Central Admissions Office at the above address

**Name:**

Surname:
Forenames:

Male	
Female	

Mrs	Ms
Miss	Mr

/	/
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**Present Address:**

County:	Postcode:

**Home Tel:**

**Work Tel:**

**Mobile:**

**Email:**

Please attach a passport size photograph here

Your application will not be processed unless a photograph is attached

**Nationality:**

**NI Number:**

**Proposed course(s):**

Name of course(s):

Are you being sponsored by your employer to attend this programme? Yes  No

**Place of employment:**

**Occupation:**

**Details of the person responsible for sending you on the programme:**

Name:	Address:
Postcode:	Telephone Number:

**Qualifications gained to date:**

Awarding Body	Subject	Level	Date taken or to be taken	Grade

**Disabilities - Please tick if you have any of the following disabilities**

Visual impairment (01)	Other physical disability (04)	Asthma (05)
Hearing impairment (02)	Epilepsy (05)	Mental ill health (07)
Disability affecting mobility (03)	Diabetes (05)	Emotional/behavioural difficulties (06)
other please specify:		

**Ethnicity** - Completion is voluntary and information supplied will be used only for statistical purposes and will be treated as confidential.

Please tick the box that you think applies to you.

Asian/Asian British - Bangladeshi (11)

Black or Black British - Other (17)

White - British (23)

Asian/Asian British - Indian (12)

Chinese (18)

White - Irish (24)

Asian/Asian British - Pakistani (13)

Mixed - White & Asian (19)

White - Other (25)

Asian/Asian British - Other (14)

Mixed - White & Black African (20)

Other (98)

Black/Black British - African (15)

Mixed - White & Black Caribbean (21)

Black/Black British - Caribbean (16)

Mixed - Other (22)

### Personal Statement:

Please use this space below to give any other information which might support your application, e.g. - hobbies, career interests, work experience:

I certify that the details given are correct:

Signature of applicant:

Date:

Name of Parent/Guardian:

(if applicant is under 18 years of age)

Signature of

Parent/Guardian

## The College at Braintree Central Admissions Referee Request

As part of the College's admission procedure for part-time programmes we require the names and addresses of **two** referees (not required for Beauty programmes)

### Referee Details:

Name:	Position:
Address:	
Postcode:	Telephone Number:

### Second Referee Details:

Name:	Position:
Address:	
Postcode:	Telephone Number: