Application Form

BA (Hons) Early Childhood Studies

norlandcollege
CARING FOR CHILDREN

Forename: Surname: Date of Birth:

Address: Postcode:

Home telephone: Mobile: Email:

In which year do you wish to enter Norland College?

How old will you be on 1st September of that year?

Education

Secondary Schools and Colleges attended	Dates from	Dates to

Please give details of public examinations passed or to be taken with grades or predicted grades.

Subject	Grade	Year	Exam (type / level)

Disability or Special Needs

If you have a disability, special needs or a medical condition which might affect your studies, please indicate by ticking the appropriate box in the list below and give details in the space provided:

	Disability or Special needs		
	You have dyslexia		You need personal care support
	You are blind / are partially sighted		You have mental health difficulties
	You are deaf / have a hearing impairment		You have a medical condition such as diabeties, epilepsy or asthma
	You have mobility difficulties		You have a disability not listed

Please give details:

References

How many days absence from school / work have you had in the last two years (if any)?

Please give details of two references (not relatives). One should be your most recent educational or work referee.

Educational / Work Referee
Name:
Address
Telephone:
Fax / Email:

Personal Referee
Name:
Address:
Telephone:
Fax / Email:

How did you hear about Norland College? (please tick)

Friends / family ☐ Internet ☐

At School ☐ Other (please specify) ☐

Media (press / TV) ☐

PLEASE INCLUDE A COVERING LETTER WITH YOUR APPLICATION FORM GIVING DETAILS OF ANY WORK OR EXPERIENCE WITH CHILDREN.

Places are offered to students subject to references, which are considered by the college to be satisfactory, satisfactory completion of a Health Questionnaire which is to be returned by the applicant to the college Medical Health Advisor and completion of a satisfactory Enhanced Disclosure from the Criminal Records Bureau. (Norland College is an organisation which is exempt under the Rehabilitation of Offenders Act 1974 and requires all students and staff to apply for an Enhanced Disclosure from the Criminal Records Bureau.)

I hereby apply for admission as a student of Norland College

Signature of applicant: Date:

Signature of parent or guardian (if under 18):

Please return your completed form and covering letter to:
Norland College York Place, London Road, Bath, BA1 6AE
Telephone: 01225 90 40 40 Fax: 01225 82 30 51
Email: mail@norland.co.uk
www.norland.co.uk

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