

Complete this form in **BLOCK CAPITALS** using black or blue ink.

Please return the completed form to Admissions, Stourbridge College, Hagley Road, Stourbridge, DY8 1QU.
Any queries please contact Student Support Services on **01384 344400** or email student.services@stourbridge.ac.uk

INFORMATION ABOUT YOU

Title: Male Female

First Name (as on Birth Certificate): _____

Middle Name(s): _____

Surname (as on Birth Certificate): _____

Known as (if different): _____

Date of Birth: _____

Address: _____

Postcode: _____

Email Address: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Do you have a criminal record? yes no

If yes, please give details:

NATIONALITY/ETHNICITY

What is your nationality? _____

What is your ethnic group? Please tick any that apply.

- | | |
|--|---|
| <input type="checkbox"/> African (BBA) | <input type="checkbox"/> Caribbean (BBC) |
| <input type="checkbox"/> Other Black (BBO) | <input type="checkbox"/> Arab (OAR) |
| <input type="checkbox"/> Indian (ABI) | <input type="checkbox"/> Pakistani (ABP) |
| <input type="checkbox"/> Bangladeshi (ABA) | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> (OCH) Other Asian (ABO) | <input type="checkbox"/> Other Mixed (MWO) |
| <input type="checkbox"/> White & Asian (MWA) | <input type="checkbox"/> White & Black African (MWB) |
| <input type="checkbox"/> White & Black Caribbean (MWC) | <input type="checkbox"/> White British (WBR) |
| <input type="checkbox"/> Other White (WOT) | <input type="checkbox"/> Gypsy or Irish Traveller (WGT) |
| <input type="checkbox"/> Irish White (WIR) | <input type="checkbox"/> Any Other (OAR) |

Have you been a resident in the UK or an EU Country for the last 3 years? yes no

If no, please state where you were resident: _____

Date of Entry to UK: _____

Do you have refugee status? yes no

Are you/ your family seeking asylum in the UK? yes no

Date of Entry to UK: _____

PRESENT OR PREVIOUS SCHOOL/COLLEGE

Name: _____

Address: _____

Postcode: _____

Date of Leaving: _____

REFERENCE (We will, when appropriate, contact your referee directly to request a reference).

Please give details below of someone willing to provide a reference (not a friend or relative)

Name: _____ Address: _____

Email Address: _____

Telephone Number: _____

COURSE APPLIED FOR

OFFICE USE ONLY

Date Received: _____ Date Acknowledged: _____ Admission Signature: _____

STUDENT'S NAME:

EBS No:

