Student Application Form

Personal Details

Surname:		Title:	
First Name:		Sex (Female/ Male)	
Preferred Name:		Age:	
Date of Birth:		Nationality:	

Home Address

Street Address:	
Address Line 2:	
State/Region/Province:	
City:	
Postal / Zip Code:	
Country:	

Which course are you applying for?

Discount Coupon Code:

Telephone No.:

Preferred email address:

Person to contact in event of emergency:

Name: Relationship to you:	Tel. No.: Email:

National Insurance No:	

ETHNIC GROUP	Tick
Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British – any other Asian background	
Black or Black British - African	
Black or Black British - Caribbean	
Black or Black British – any other Black background	
Chinese	
Mixed – White and Asian	
Mixed – White and Black African	
Mixed – White and Black Caribbean	
Mixed – any other Mixed background	
White – British	
White – Irish	
White – any other White background	
Any other	

If you were born outside of the UK or haven't lived in the UK for more 3 years, please complete this section.

Please give date of arrival in the UK (DD/MM/YYYY)	
What is your current visa/passport status: Asylum Seeker- Yes Refugee- Yes Visitor's Visa- Yes Work Permit-Yes Student's Visa- Yes Definite Leave To Remain-Yes Other EU passport- Yes	
Are there any restrictions or limitations on your stay in the UK? If yes, please give details.	
Passport reference number:	
Issue date:	Expiry Date:

Personal Status (Please tick only 1 box)

Single – living with parents		Divorced or separated - no children	
Single – living alone (or share flat)		Divorced or separated – living with children	
Married or living with partner – no children		Any other (Please specify below)	
Married or living with partner - with children		Number of dependents	

If there is any further information you may wish to give about your personal status that may affect your course, please do so here:

Qualifications

Please provide us with a full list of the qualifications that you have attended

Name of qualification	Grade/ level	Year obtained

Medical Details

Do you suffer from any medical conditions? (If yes, please give details)	
Are you taking any medication? (If yes, please give details)	
Are you allergic to anything?	
Have you had a Hepatitis B vaccination, if so when is your booster due?	

Do you consider yourself to have any learning difficulties? (If yes, please give details):

Do you have a criminal record?

What do you hope to gain by doing this course?

Data Protection

Your information is kept in a secure and safe place that can not be easily read by anyone.

The data is made available to academic and administrative departments within Spade Learning Academy and is used for processing applications only. All data will be treated confidentially.

We are committed to protecting your rights and privacy. For full details of how we use your personal information, please see our privacy statement, and read more about our privacy and data protection policies.

Please note that Spade Learning Academy is under no obligation to respond to any Application Forms which are not completed in full. Check your information carefully before submitting this form.