

Please complete in BLOCK CAPITALS using a ballpoint pen

Course applied for	
Starting on	
Please indicate with a tick whether you are <input type="checkbox"/> an internal student <input type="checkbox"/> an external student <input type="checkbox"/> Protocol	
Name	Tel No. (home)
Address	
Mobile No.	Email
Place of work	
Current role	Tel No. (work)
Date of Birth	

<b>QUALIFICATIONS AND EXPERIENCE</b>		
Academic/vocational qualifications - post compulsory education	Awarding body	Date achieved
Teacher/training qualifications	Awarding body	Date achieved
Teacher/training experience		

PLEASE NOTE. It is essential to refer to leaflet details when completing this form in order to ensure that you are able to access the appropriate course for you.

**ADDITIONAL INFORMATION**

Other relevant experience:

Date (if applicable)

Current teaching to post 16 students (not applicable to LSAs) - ie during programme:

Your aims in attending the programme:

**EQUAL OPPORTUNITIES**

To help the College monitor its Equal Opportunities Policy please tick the appropriate box.

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Mixed White and Asian           |
| <input type="checkbox"/> Asian or Asian British Indian      | <input type="checkbox"/> Mixed White and Black African   |
| <input type="checkbox"/> Asian or Asian British Pakistan    | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British Other       | <input type="checkbox"/> Mixed Other                     |
| <input type="checkbox"/> Black or Black British African     | <input type="checkbox"/> White British                   |
| <input type="checkbox"/> Black or Black British Caribbean   | <input type="checkbox"/> White Irish                     |
| <input type="checkbox"/> Black or Black British other       | <input type="checkbox"/> White Other                     |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Any Other                       |

**ADDITIONAL SUPPORT DETAILS**

We want you to get the best from your course, so please let us know if you have any learning support needs, disabilities or medical conditions such as wheelchair user, mental health difficulties, epilepsy, dyslexia, D/deaf or partially sighted.

Please tick the box if you would like:

- further information about the range of support we can offer  
 us to contact you, in confidence, to discuss the support available

or feel free to contact us on 01223 418527 to discuss this further.

Signed

Date

Print name

Please return this form to:

**Philip Taylor, Head Learning & Teacher Development,**  
 Cambridge Regional College, Science Park campus, Kings Hedges Road, Cambridge CB4 2QT