



# COURSE APPLICATION FORM

Talk. 0121 477 1300 | See. bournville.ac.uk  
Visit. 1 Longbridge Lane, Longbridge, Birmingham B31 2AJ



## PERSONAL DETAILS (CAPITAL LETTERS PLEASE)

Surname/Family Name	First Name(s)
Date of Birth	Age
Male <input type="checkbox"/> Female <input type="checkbox"/>	Title (Mr, Mrs, Ms, Miss)
Current Address	
Postcode	
Home Telephone	Mobile Telephone
Email	

## ETHNIC ORIGIN

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Asian Background
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Black Background	<input type="checkbox"/> Chinese
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Other Mixed Background
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Other White Background	<input type="checkbox"/> Other Ethnic Group

## SCHOOL/COLLEGE INFORMATION

## EMPLOYER INFORMATION

Name of School/College _____	Name of Employer _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone _____	Telephone _____
Person to contact for reference _____	Person to contact for reference _____
Title _____	Title _____

Note: A reference to support your application may be required before an interview can be arranged for your chosen course.

## COURSE INFORMATION

1
2
3
4

If you would like general advice before deciding on your choice of course, please tick

## HOW DID YOU HEAR ABOUT BOURNVILLE COLLEGE?

<input type="checkbox"/> Bus Advert	<input type="checkbox"/> Connexions	<input type="checkbox"/> Employer	<input type="checkbox"/> Job Centre
<input type="checkbox"/> Learn Direct	<input type="checkbox"/> Library	<input type="checkbox"/> Live Local	<input type="checkbox"/> Mailshot
<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> University/College	<input type="checkbox"/> Poster Advertisement	<input type="checkbox"/> Previous Student
<input type="checkbox"/> Radio Campaign	<input type="checkbox"/> Recommendation	<input type="checkbox"/> School Referral	<input type="checkbox"/> Local TV Campaign
<input type="checkbox"/> Website	<input type="checkbox"/> Yellow Pages/Directory		

