



Brighton Hove & Sussex Sixth Form College
205 Dyke Road, Hove, BN3 6EG

Evening Courses Centre Manager: Agnieszka Gajewska
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Adult education enrolment form - Language Courses (2010-2011)
Please write in Capital Letters only in Black Pen

First Name	Last Name	Title (Mr, MS, etc)
Home Address		Daytime Tel:
		Evening Tel:
Town/City	Postcode	Email:
		Date of Birth:

Ethnic origin

Which of the following would best describe your ethnic origin? Please tick the appropriate box

- | | |
|---|--|
| <input type="checkbox"/> 11 Asian or Asian British Bangladeshi | <input type="checkbox"/> 19 Mixed – White and Asian |
| <input type="checkbox"/> 12 Asian or British Indian | <input type="checkbox"/> 20 Mixed – White and Black African |
| <input type="checkbox"/> 13 Asian or British Pakistani | <input type="checkbox"/> 21 Mixed – White and Black Caribbean |
| <input type="checkbox"/> 14 Asian or Asian British – any other Asian background | <input type="checkbox"/> 22 Mixed – any other mixed background |
| <input type="checkbox"/> 15 Black or Black British African | <input type="checkbox"/> 23 White - British |
| <input type="checkbox"/> 16 Black or Black British Caribbean | <input type="checkbox"/> 24 White - Irish |
| <input type="checkbox"/> 17 Black or British Black – any other Black background | <input type="checkbox"/> 25 White - any other background |
| <input type="checkbox"/> 18 Chinese | <input type="checkbox"/> 98 Any other |
| | <input type="checkbox"/> 99 Not known / not provided |

This information is sometimes required by the Dept for Education for monitoring purposes and will not be used by the College for admission purposes

Do you have a disability, learning difficulty or problems with literacy and numeracy? (✓) Yes No

If yes, what form does this take?:.....
.....

How would you like to let us know what you are likely to need? Tick as required:

In writing (Please attach letter) Confidential phone call

You do not have to disclose this information, however it will be helpful to the College if you let us know in advance any support you may need. Any information you give will be treated confidentially.

Emergency Contact

Name: Relationship: Evening number:

Special medical circumstance (or enclose a confidential letter):

Do not write in this space

