	INI			please supply information about your disability / learning difficulty						
DO YOU HAVE A LEARNING DIFFICULTY?	Yes	No		(if applicable):						
If Yes, please tick which applies to you:										
01 Moderate learning difficulty	19 Ot	ner specific	learning difficulty							
02 Severe learning difficulty	20 Au	tism spectru	um disorder							
10 Dyslexia	90 Mu	ltiple learni	ng difficulties							
11 Dyscalculia	97 Ot	ner								
IMPORTANT! PLEASE READ AND	СОМР	LETE BE	FORE SUBMIT	TING YOUR FORM						
DATA PROTECTION				0						
Boston College is registered under the Data prospective learners for legitimate purpose										
This may include:										
• Communicating with you regarding your a	applicati	on or enqu	uiry							
Our internal administration										
Communicating with you regarding our courses and services generally										
 Providing it to other parties as required by you or by law. These may include persons outside the European Economic Area. At no time will your personal information be passed to organisations for marketing or sales purposes. 										
We value your views on the service you rec will help us maintain or improve our service part in this research: Boston College may wish to contact you from relevant to you. Please tick here if you do not not service your relevant to you.	e. Please	tick here i	if you do not wish	to be contacted to take						
CRIMINAL CONVICTIONS										
Do you have any criminal convictions, cautions, reprimands, final warnings or a court case pending? If you tick the 'Yes' box, the College will ask you for further details.										
Yes No If you do not tick either	er box,	your appli	cation will not be	processed.						
Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the Learner Services Department immediately.										
FOUAL OPPORTUNITIES										
Boston College is committed to equal oppor irrespective of racial origin, age, gender, se										
Please ensure that you have completed all s have completed the form, please sign below				ing delayed. When you						
Signed:		Date:								
Please return this form to: Greater	r China	Office,	Boston College	e, United Kingdom.						
Telephone: +852 3488 6243			Email: enqui	ry@boston-goc.com						

boston:college

PASSPORT PHOTO

NAME:

APPLICATION FORM

The best of British education



PERSONAL DI	ZHATE								
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				DD MM					
	Please enter your full, off	icial surname.	Please enter your full, official first	name(s).					
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IUMBER:				o contact you about your applica ess, email or phone number char					
HICH SCHOOL / COLLEC	SE T								
ID YOU LAST ATTEND?									
English as a Foreign Lan	guage 1	N/A							
International Access to H		Select 2 option subjects	:						
Vocational Diplomas		State subject choice:							
HNC/HND	9	State subject choice:							
O YOU INTEND TO CON	TINUE YOUR STUD	DIES AT A UK UNIVERS	SITY? Ye	es No					
YOU ARE AT SCHOOL/C	OLLEGE, PLEASE	ASK YOUR TUTOR TO	COMMENT						
N YOUR SUITABILITY FO									
School/College:		Teacher / Tut	or name:						
Attendance (as a percentage) Ability and Effort:									
General Comments:	neral Comments:								
		Date:							
HEARD ABOUT THE COU									
_	n College Website		ochure / prospectus	Other					
	n College Staff	Hotcourses	condic / prospectus	Education and Careers					
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HO WILL BE RESPONSIB	LE FOR PAYING YO		_						
ND ACCOMMODATION I									
Parent / Guardian	Please provide details	s:							
Sponsor Yourself									

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03 Dsability affecting mobility 09 Profound / complex disability	accident	
04 Other physical disability 10 Aspergers syndrome	accident	
05 Other medical condition 90 Multiple disabilities	accident	
06 Emotional / behavioural difficulties 97 Other	accident	