



**5. Employment History (in date order ending with most recent/current employment)**

Employers' Names and Addresses	Duties	From	To	Full or Part-time

**6. Learning Support**

If you have a learning difficulty, disability or a medical condition which might affect your studies and for which any special arrangements might have to be made **please tick the appropriate box below.**

Dyslexia/Dyscalculia/Dyspraxia  Learning Difficulty (Literacy & Numeracy)  Physical Disability  Mental Health Problems   
Speech Difficulty  Hearing  Vision  Autistic Spectrum Disorder   
A medical condition eg Diabetes, Epilepsy, Asthma  (please state) \_\_\_\_\_  
Other (please state) \_\_\_\_\_  
Do You Require Additional Support? Yes  No  If yes, please outline: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Who will be paying your fees:**

Self  Employer  Education & Library Board  Other   
If Employer or other, please give name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that Higher Education students are required to pay tuition fees for each year of their programme. You can apply to the appropriate Education and Library Board who will forward to you appropriate documentation for application to the Student Loan Company for a Fees Loan and/or Maintenance Loan. It is your responsibility to ensure that your tuition fees are paid. Should you fail to pay your tuition fees you may be withdrawn from your programme.**

**8. Residency**

Country of birth if other than EU \_\_\_\_\_ Date of entry to EU (if applicable) \_\_\_\_\_

**9. Additional Information**

Please provide additional information which you would like to give in support of your application (eg sports, hobbies, special interests, experience and your reasons for applying to this course). Continue on a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Declaration**

I certify that the information given in this form is correct and I hereby undertake, if admitted as a student of the Northern Regional College, to observe and comply with all the regulations of the College and **to pay all appropriate fees.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On completion, please forward to **Northern Regional College, Student Admissions**, at the appropriate campus.

- Antrim Campus**, Fountain Street, Antrim BT41 4AL
- Ballymena Campus**, Trostan Avenue, Ballymena BT43 7BN
- Ballymoney Campus**, 2 Coleraine Street, Ballymoney BT53 6BP
- Coleraine Campus**, Union Street, Coleraine BT52 1QA
- Larne Campus**, 32 – 34 Pound Street, Larne BT40 1SQ
- Magherafelt Campus**, 22 Moneymore Road, Magherafelt BT45 6AE
- Newtownabbey Campus**, 400 Shore Road, Newtownabbey BT37 9RS

Some of the information contained on this form will be forwarded to the Department for Employment and Learning or agents acting on its behalf for research purposes. Individual students will not be identified in any analyses. All personal data will be held in accordance with the provisions of the Data Protection Act.