

**Changemaker Innovation Generator**

**Associate Student Application Form:**

**Please complete as fully as possible and return to:**

[svb@northampton.ac.uk](mailto:svb@northampton.ac.uk) by Sunday 8th March 2015

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| --- | --- | --- | --- | --- |
| Course | Changemaker Innovation Generator | | | |
| Surname |  | | | |
| Forename |  | | | |
| Have you previously studied at the University? | | | |  |
| Address |  | | | |
|  |  | | | |
|  |  | | | |
| Postcode |  | | | |
|  | | | | |
| Work / Home Tel. Number | |  | | |
| Mobile Tel. Number | |  | | |
| E-mail Address | |  | | |
| Signed | | | Date | |
|  | | | | |
| **Please complete the remaining information on this form** | | | | |

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| What do you want to gain from this programme? |
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| Do you have an idea of the social problem you would like to work to solve? |
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| **If you are already working on a social venture please outline your aims, and the barriers you face.** |
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| Please tell us any other information you feel is relevant to this programme and your social venture. |
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## Monitoring Details

In order to monitor equality of opportunity in the admission of students to the University, applicants are asked to supply the following information. Your response will not influence the outcome of your application. Please tick any relevant boxes.

**Ethnic Origin**

White- British Indian White & Black African

White- Irish Pakistani White & Asian

Other white Bangladeshi Other mixed background

Black Caribbean Chinese Other

Black African Asian other Not known

Black other White & Black Caribbean Information refused

**Disability**

We ask that you declare any known disabilities in order that any support needs can be identified as early as possible.

No known disability Mental health difficulties

Dyslexia Unseen e.g. diabetes, epilepsy

Blind / Partially sighted Multiple disabilities

Deaf / Hearing impaired Disability not listed

Wheelchair user / Autistic Spectrum Disorder /

Mobility difficulties Asperger Syndrome

Personal care support

Are you in receipt of Disability Allowance? Yes No

Do you have any dietary requirements? If so please identify these

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Please provide an emergency contact name and number

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**