









ION Nutritional Therapy Diploma Course/Science Access Courses

**Application Form**

*Part 4: Language*

**English Language:** Native Speaker   
Bilingual Speaker   
Proficient User

(First language is )

“I may need some English language support in order to study on this course”

(First language is: )

*Part 5: Equal Opportunities Monitoring*

*The Institute for Optimum Nutrition is committed to equality of opportunity. To help us monitor our progress towards this, please complete this section and tick the relevant boxes that apply to you.*

*5.1*

**Disability and Learning Difficulties**

Do you have a disability?  Yes  No

If Yes, are you registered?  Yes  No

Do you have confirmed learning difficulties such as dyslexia?  Yes  No

If you answered yes please give details, including any additional support needs.

I think I have a learning difficulty but I have not been assessed.

*5.2*

**Health**

Do you have a health issue, whether physical, emotional or psychological, which could result in your requiring additional support or consideration during the course?

Yes  No

If YES, please outline below so that we can ensure we are able to provide you with the support you need.



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Part 5

5.3

**Ethnicity**

- |  |  |
|--|--|
| <input type="checkbox"/> Black African   | <input type="checkbox"/> Mixed - White + Asian           |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Mixed - White + Black African   |
| <input type="checkbox"/> Black UK        | <input type="checkbox"/> Mixed - White + Black Caribbean |
| <input type="checkbox"/> Black - Other   | <input type="checkbox"/> Mixed - Other                   |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> White - British                 |
| <input type="checkbox"/> Bangladeshi     | <input type="checkbox"/> White - Irish                   |
| <input type="checkbox"/> Indian          | <input type="checkbox"/> White - Other                   |
| <input type="checkbox"/> Pakistani       | Other - please specify: <input type="text"/>             |
| <input type="checkbox"/> Asian - Other   | <input type="checkbox"/> I prefer not to specify         |

Part 6

**Declaration** – (to be completed by all applicants)

***“I declare that the information I have given on this form is correct to the best of my knowledge”:***

*Signature:*

*Date:*

**Please return your completed form to:**

NTDC Admissions  
The Institute for Optimum Nutrition  
Avalon House  
72 Lower Mortlake Road  
Richmond  
Surrey  
TW9 2JY