

ENROLMENT FORM - SESSION 2024-25

ID No.

Please note that Sections 1 – 4 and 11 are mandatory

1

PERSONAL DETAILS

Surname <input type="text"/>		Forenames <input type="text"/>		Title (circle one)			Other			
				Mr	Mrs	Miss	Ms	Mx	<input type="text"/>	
Date of Birth <input type="text"/>		Scottish Candidate No. <input type="text"/>			National Insurance No. <input type="text"/>					
1. Present (permanent) Home Address		2. Previous Address (within last 3 years)			Date: from		to			
<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>			
<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>			
Postcode <input type="text"/>		Postcode <input type="text"/>								
Telephone / Mobile No. <input type="text"/>				Emergency Contact						
<input type="text"/>				Name <input type="text"/>						
<input type="text"/>				Tel No. <input type="text"/>						
Email <input type="text"/>				Nationality <input type="text"/>		Country of Birth <input type="text"/>				
How long have you been resident in the UK and Islands?				From birth? (please tick) <input type="checkbox"/>		or since: Month <input type="text"/>		Year <input type="text"/>		
How long have you been resident in Scotland?				From birth? (please tick) <input type="checkbox"/>		or since: Month <input type="text"/>		Year <input type="text"/>		
Are you an Asylum Seeker?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are you a Ukrainian National		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you have Dual Nationality?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, state which countries <input type="text"/>				
Are you a Veteran		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are you a Stateless Person		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a Refugee		Yes <input type="checkbox"/>		No <input type="checkbox"/>						
Are you required to have a Visa to be in the UK and Islands?				Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Do you have either EU Settled Status?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		or Pre-settled status?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
<small>(NB Documentary evidence required as proof of status)</small>						<small>(NB Documentary evidence required as proof of status)</small>				
Last School Attended <input type="text"/>							Date Left School <input type="text"/>			

2

COURSE DETAILS

Course Code	Course Title	Reference/Subject No	Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate the highest level of qualification you currently hold?
If none, please leave blank.

eg. Intermediate 1, National 4, HND, etc.

NB. Tuition Fees, where applicable, are required to be paid prior to enrolment and where fees are paid by instalments are still due following withdrawal. Tuition Fees are non-refundable except under exceptional circumstances which are listed in the College's Tuition Fee Refund & Withdrawal Procedure.

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COLLEGE STATUS

Circle **ONE** of the following codes to indicate your status while at College

- | | |
|---|---|
| <input type="checkbox"/> 10 Attending on a full-time basis | <input type="checkbox"/> 12 Registered unemployed - receiving Jobseekers allowance |
| <input type="checkbox"/> 08 Modern Apprenticeship | <input type="checkbox"/> 13 Registered unemployed - not receiving Jobseekers allowance |
| <input type="checkbox"/> 09 Other Training eg. ET | <input type="checkbox"/> 14 Not Registered unemployed - but not working |
| <input type="checkbox"/> 11 Employed | <input type="checkbox"/> 18 Retired |
| <input type="checkbox"/> 09 GRFW | <input type="checkbox"/> 19 School Pupil - Year S |
| <input type="checkbox"/> 11 Employed (WBL) | |

RACE - YOUR ETHNIC GROUP

Please choose ONE section from A to G, then tick ONE box which best describes your ethnic group or background

A. White

<input type="checkbox"/> British	<input type="checkbox"/> Scottish	<input type="checkbox"/> English	<input type="checkbox"/> Northern Irish
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy/Roma & Traveller Communities	<input type="checkbox"/> Polish
<input type="checkbox"/> Other, please specify	<input type="text"/>		

B. Mixed or Multiple Ethnic Groups

Any mixed or multiple ethnic groups

Please specify

C. Asian, Asian Scottish or Asian British

<input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/> Indian, Indian Scottish or Indian British
<input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/> Chinese, Chinese Scottish or Chinese British
<input type="checkbox"/> Other, please specify	<input type="text"/>

D. African

African, African Scottish or African British

Other, please specify

E. Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other, please specify

F. Other Ethnic Group

Arab, Arab Scottish or Arab British

Other, please specify

G. All Ethnic Groups

Other, please specify

EQUAL OPPORTUNITIES

Forth Valley College is committed to eliminating discrimination, promoting equality and fostering good relations amongst all staff and learners. The College will ensure that all applicants are treated equally regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

We would be very grateful if you would complete questions 6a to 11. We only ask you to provide answers where you feel comfortable doing so, there is an option to tick the 'prefer not to say' box.

All information is kept confidentially by Student Records in accordance with the Data Protection Act

STUDENT SUPPORT

The College assists and supports all students with their learning. Please tick the following appropriate box/boxes. This information will not affect your chances of being offered a place.

DISABILITY

Do you have a disability? *If yes, please complete the following:*

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
A specific learning difficulty (for example; dyslexia, dyspraxia or ADHD)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
A specific learning disability (for example; Down's Syndrome)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
A social/communication impairment (for example; Asperger's Syndrome/other autistic spectrum disorder)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

6a

DISABILITY (continued)

Long standing illness, health condition
(such as cancer, HIV, diabetes, chronic heart disease or epilepsy) Yes No Prefer not to say

If yes, please specify

Mental health condition (for example; depression, schizophrenia or anxiety disorder)? Yes No Prefer not to say

Physical impairment or mobility issues
(such as difficulty using arms, using a wheelchair or on crutches)? Yes No Prefer not to say

Deafness or hearing impairment? Yes No Prefer not to say

Blindness or a serious visual impairment uncorrected by glasses? Yes No Prefer not to say

Full or partial loss of voice or difficulty speaking
(a condition that requires you to have equipment to speak) Yes No Prefer not to say

If invited to attend an interview do you require any support (eg. signer)? Yes No

For Health and Safety purposes, please tick the box if you require assistance to recognise the emergency audio alarm, or assistance to evacuate from an upper floor, during an emergency evacuation.

6b

ADDITIONAL INFORMATION

Is English your first language? Yes No

Which of the following options describes your first, or preferred, language?
English Gaelic BSL Prefer not to say

Do you have any other national language, please specify:

Do you have an English/
Communication qualification? Yes No

If yes, please state name of qualification and level:

Are you currently pregnant, or have you been pregnant in the last year?
Yes No Prefer not to say

Have you ever been in Care? Yes No

If yes, for how long?

What type of Care setting have you most recently lived in?
Residential Care *Foster Care* *Secure Care*
Kinship Care, either: *Formal* *or, Informal*
Looked-after at home & attending Children's Hearings
Prefer not to say

Do you have caring responsibilities? Yes No

Are you an estranged person? Yes No

Do you have a parent or carer who served, or is serving, in the regular or reservist British Armed Forces (Royal Navy, Royal Marines, British Army or Royal Airforce) at any point during the first 25 years of your life?
Yes No

7

YOUR RELIGION, RELIGIOUS DENOMINATION OR BODY

Which group do you most identify with?

None Christian: Protestant Christian: Roman Catholic Christian: Other Muslim

Buddhist Sikh Jewish Hindu

Another religion or body Prefer not to say

8

SEX AND GENDER IDENTITY

Which of the following describes how you think of yourself?
 Male (including trans man) Female (including trans woman) Prefer not to say
 in another way

Is your current gender (or sex) the same as you were born with?
 Yes No Prefer not to say

Do you identify as being trans?
 Yes No Prefer not to say

9

SEXUAL ORIENTATION (over 16s only, required to complete this section)

Which of the following options best describes how you think of yourself?

<input type="checkbox"/> Bi/Bisexual	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Gay Woman/Lesbian
<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> In another way	<input type="checkbox"/> Prefer not to say

10 CURRENT EMPLOYER/SCHOOL DETAILS

If you are on a Government Training Scheme (eg. Modern Apprentice) enter the name and address of your Managing Agent (eg. CITB, SNIPEF, ECITB, MetTech, etc). If you are employed, enter the name and address of your employer (For Evening Classes - complete only if your employer has agreed to pay your fees).

Employer/School Name	<input type="text"/>	PFG	<input type="text" value="P2533"/>
Address	<input type="text"/>	ITA	<input type="text" value="I1555"/>
Postcode	<input type="text"/>	Contact Tel No	<input type="text"/>
Employer/School Email	<input type="text"/>	Sponsor Code	<input type="text"/>
		Employer Code	<input type="text"/>
Purchase Order Number	<input type="text"/>		

11 PRIVACY CONSENT

Terms and Conditions

At Forth Valley College, we want you to know exactly how our application/enrolment process works and for you to understand your rights as an individual/business consumer.

Please state you have read and agreed to our terms and conditions.

You must accept the terms and conditions as part of our application/enrolment process.

I agree to the terms and conditions

Signed	Date
<input type="text"/>	<input type="text"/>

For further information on Terms and Conditions please visit: www.forthvalley.ac.uk/privacy/data-protection/#terms-and-conditions



Privacy Notice

Our privacy notice provides you with information about us, why we collect information from you, what we do with the information we collect from you, who we share your information with and your rights under the Data Protection Act in relation to that information.

I agree to the College's Privacy Notice

Signed	Date
<input type="text"/>	<input type="text"/>

For further information on how we handle your data, please visit: www.forthvalley.ac.uk/privacy



LECTURING STAFF ONLY

Date student enrolled

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If the student is attending on a part-time basis please indicate below:

SQA National Units Total number of credits in session (in multiple of 40 hours)

Other Courses Total number of hours per week

Notes

Lecturer's Signature	Date
<input type="text"/>	<input type="text"/>

SUPPORT STAFF ONLY

Fee Type	Source of Finance	Fee Waiver Category																																																									
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