



Application for Course Admission

International (Non EU) Students Session 2018/2019

1	COURSE TITLE (see College Website or Prospectus)	FOR OFFICE USE ONLY
	1st Choice <input type="text"/> Location (please tick) <input type="checkbox"/> Alloa <input type="checkbox"/> Falkirk <input type="checkbox"/> Stirling	I.D. <input type="text"/> <input type="text"/> Tier 4 <input type="text"/> Non Tier 4 <input type="text"/>
	2nd Choice <input type="text"/> Location (please tick) <input type="checkbox"/> Alloa <input type="checkbox"/> Falkirk <input type="checkbox"/> Stirling	

2 PERSONAL DETAILS				
This information will be held on the College computer database and used for monitoring purposes.				
Surname/Family Name		Forenames		Title (tick one) Other
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Date of Birth				
<input type="text"/>				
Permanent Home Address				
<input type="text"/>				
			Post Code	<input type="text"/>
Country	<input type="text"/>		Telephone N ^o	<input type="text"/>
Passport N ^o	<input type="text"/>		Country of Issue	<input type="text"/>
Email			Nationality	
<input type="text"/>			<input type="text"/>	
Skype Address			Mobile No	
<input type="text"/>			<input type="text"/>	

3 FEE STATUS AND VISAS				
In which countries have you lived for the last three years?				
<input type="text"/>				
Was your residence in any of those countries only for the purpose of receiving full-time education? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a UK visa? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, which UK visa do you already have? Student <input type="checkbox"/> Visitor <input type="checkbox"/> Dependant <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other <input type="checkbox"/>				
Expiry Date <input type="text"/>				
Have you ever studied in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please give details below:				
Dates, From/To	Course	Achieved, Yes/No	Visa Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you ever been refused a visa for the UK or any other country? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please give details below:				
Country	Date	Visa Type	Refusal Reason	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3 FEE STATUS AND VISAS (continued)

How long have you lived in the United Kingdom & Islands? From To

How long have you lived in Scotland? From To

Have you lived at your present address longer than 3 years? Yes No

If no, please supply details of your previous addresses for the last 3 years

1.	2.	3.
<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"/>
Postcode <input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>
From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>

4 EDUCATION

Please list your qualifications and send us certified photocopies of certificates showing subjects studied and grades achieved with certified English translations, if applicable.

Name of Institution (eg. school/college)	Qualification	Start Date	Year of Completion
<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"/>
<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"/>

ENGLISH LANGUAGE

If English is NOT your first language, please give details of your IELTS examination.

Test Results

OVERALL BAND	LISTENING	READING	WRITING	SPEAKING	DATE ACHIEVED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not yet taken an IELTS examination, please indicate test date.

5 REFERENCE

Please enclose an academic reference or a reference from your most recent employer. This reference should be in English.

Academic Reference enclosed

Employer Reference enclosed

WORK EXPERIENCE

If you have work experience which is relevant to your chosen course, please attach a CV/Resumé with the name of the employer, dates of employment and experience gained. This information will be considered when making a decision on your suitability for your chosen course.

6 CHECKLIST

- What you will need to send us:
- Certified copies of certificates and transcripts (in English)
 - Personal Statement Form
 - Academic Reference
 - **OR** Employer Reference
 - CV or Resumé of work experience (if applicable)
 - Criminal Records Disclosure (if applicable)
 - Evidence of your IELTS Certificate
 - Copy of Passport
 - Copy of Current Visa (if applicable)/Biometric Residence Permit (BRP)
 - Copy of Previous Visa(s)/Biometric Residence Permit (BRP)

7

FORTH VALLEY COLLEGE

How did you hear about Forth Valley College?

8

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.

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

9

YOUR AGE CATEGORY

Please tick only one box

15 and under

16-19

20-24

25-44

45 - 59

60+

Prefer not to say

10

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.

11

DISABILITY

Do you have a disability?

Yes

No

Prefer not to say

If yes, please complete the following:

• Personal Care Support?

Yes

No

Prefer not to say

• Learning difficulty
(for example; dyslexia)?

Yes

No

Prefer not to say

• A specific learning disability
(for example; Down's Syndrome)?

Yes

No

Prefer not to say

• Developmental condition
(for example; Autistic Spectrum Disorder or Asperger's Syndrome)?

Yes

No

Prefer not to say

• Long-term illness, disease or condition?

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?

Yes

No

Prefer not to say

• Deafness or partial hearing loss?

Yes

No

Prefer not to say

• Blindness or partial sight loss?

Yes

No

Prefer not to say

• Other impairments or conditions not listed?

Yes

No

Prefer not to say

If yes, please specify

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.

ADDITIONAL SUPPORT INFORMATION

Is English your first language? Yes No If no, what is your first language?

Do you have an English/Communication qualification? Yes No If yes, please state the name of the qualification and level

Have you ever been in Care? Yes No If yes, for how long?

Would you like us to contact you, to discuss any support requirements you may have? Yes No

Do you have unpaid caring responsibilities for a family member or friend who is ill, frail, disabled or has a mental health or addiction problem? Yes No

If you answered YES to the above question, please tell us who you care for:

<input type="checkbox"/>	Disabled Child/Children (under 18)	<input type="checkbox"/>	Child/Children (under 18)
<input type="checkbox"/>	Adult(s) (18 and over)	<input type="checkbox"/>	Prefer not to say

In the event of a medical emergency please provide a contact name and number:
(please include your country's area code)

Name	<input type="text"/>	Tel N°	<input type="text"/>
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YOUR RELIGION, RELIGIOUS DENOMINATION OR BODY

Which group do you most identify with?

<input type="checkbox"/> None	<input type="checkbox"/> Christian: Protestant	<input type="checkbox"/> Christian: Roman Catholic	<input type="checkbox"/> Christian: Other	<input type="checkbox"/> Muslim
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	
<input type="checkbox"/> Another religion or body	<input type="checkbox"/> Prefer not to say			

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"/> Scottish	<input type="checkbox"/> English	<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> British	<input type="checkbox"/> Gypsy/Traveller	<input type="checkbox"/> Polish
<input type="checkbox"/> Any other white background			

B. Mixed or Multiple Ethnic Groups

Any mixed or multiple ethnic groups

C. Asian, Asian Scottish or Asian British

<input type="checkbox"/> Indian, Indian Scottish or Indian British	<input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British
<input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/> Chinese, Chinese Scottish or Chinese British
<input type="checkbox"/> Any other Asian background	

D. Caribbean

Caribbean, Caribbean Scottish or Caribbean British

Any other Caribbean background

E. African Black, Black Scottish or Black British

Black, Black Scottish or Black British

African, African Scottish or African British

Any other Black background

F. Arab

Arab, Arab Scottish or Arab British

Any other Arab background

G. Other Ethnic Background

Any other background

Prefer not to say

Information not known

15 SEX AND GENDER IDENTITY/REASSIGNMENT

Which of the following describes how you think of yourself?

Male
(including trans man)

Female
(including trans woman)

Prefer not to say

Other, please specify

Is your current gender identity different from the gender you were originally assigned at birth?

Yes

No

Prefer not to say

Do you identify as being transgender or trans person?

Yes

No

Prefer not to say

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

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

Bisexual

Gay Man/Homosexual

Gay Woman/Lesbian

Heterosexual/Straight

Not sure

Prefer not to say

Other, please specify

17 MARITAL STATUS

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

Married

Civil Partnership

Not Married or not Civil Partnership

Prefer not to say

Other, please specify

18 DECLARATION

Privacy Statement

The information you provide will be stored securely under current Data Protection Legislation. The information will be used by the College to process your application and for statistical purposes. If your application is successful your data will be shared with the Scottish Funding Council for college funding and statistical purposes, and where appropriate with Skills Development Scotland for statistical requirements, and for support of 16 to 24 years olds in Scotland. Where appropriate we will share relevant information for the purposes of certification with examination bodies, and where relevant we will share information with partner institutions to support your course application, progression and continuation of your course ie. integrated degree programmes. Where appropriate, we will share information which is directly linked to an applicant's funding with the relevant agencies eg. Student Awards Agency for Scotland and Student Loans Company.

Tick to agree to our Privacy Statement.

News and Updates from Forth Valley College

We would like to keep you updated with the latest news and information on Forth Valley College.

Please tick here if you would like to be added to our mailing list.

I am aware that information regarding my enrolment, attendance and progress at this establishment may be passed to the Immigration and Nationality Directorate of the Home Office for purposes connected with immigration.

I confirm that I will adhere to the attendance and financial regulations of the College and that the information I have given on this form is accurate at the time of application and give my consent to the information I have supplied being used as outlined in the Data Protection Act.

Signed

Date

19 HOW TO APPLY

Please return your completed Application Form by post to:

International Office,
Forth Valley College of Further & Higher Education,
Grangemouth Road,
Falkirk,
FK2 9AD
Scotland,
UK

or by email to:

international@forthvalley.ac.uk

PERSONAL STATEMENT

International (Non EU) Students - Session 2018/2019

PLEASE COMPLETE THIS PAGE

Name

PERSONAL STATEMENT

Please answer the following questions as fully as possible. This personal statement will support your application and will give staff a better understanding of the reasons why you are applying for the course. This will also give you the opportunity to strengthen your application by explaining what skills and experience you may already have within this field of study.

1. Please explain why you have decided to study in the UK?

2. What are your reasons for applying for the course and to study at Forth Valley College?

3. Do you have any experience or hold other qualifications within this subject/field?

4. What are your future plans? Do you intend to progress to university?

5. How do you expect to support yourself whilst studying?

FOR COLLEGE USE

1. Application received at Student Records

Application keyed and sent to ISC

Application letter sent by ISC

Qualification comparisons made by ISC

English Language skills checked

Score

Date

Initials

Date

Initials

Date

Initials

Date

Initials

Date

Initials

2. Application sent to Curriculum Manager

Lecturer conducted skype interview on
(for applicants outwith the UK)

Lecturer conducted interview on
(for applicants already in the UK)

Date

Initials

Date

Initials

Date

Initials

3. Form returned to Student Records

Criminal Records Disclosure enclosed

Clear

Further action req.

Reference enclosed

Pos

Neg

Date

4. CONDITIONAL OFFER PROCESSING RECORD

Conditions

FULL FEE

IELTS

REFERENCE

PASSPORT

CERTIFICATES

MAINTENANCE

TB CERT

Conditional	Course Code	Signature	Date	Proc
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. UNCONDITIONAL OFFER PROCESSING RECORD

Unconditional Offer	Course Code	Signature	Date	Proc
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. NO OFFER

Reason	Referred to	Initials	Date	Proc
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. APPLICATION SUSPENDED

Reason (if any)	Signature	Date	Proc
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. APPLICATION WITHDRAWN

Reason (if any)	Signature	Date	Proc
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAS N°

Date issued