

Enrolment Form - Session 2019/2020

ID No

Please note that Sections 1 - 4 and 12 are mandatory.

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PERSONAL DETAILS

Surname <input type="text"/>	Forenames <input type="text"/>	Title (^ ^ Á } ^) <input type="text"/>	Other <input type="text"/>
<input type="text"/>	<input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	<input type="checkbox"/>
Date of Birth <input type="text"/>	Scottish Candidate N° <input type="text"/>	National Insurance N° <input type="text"/>	
1.Present (permanent) Home Address <input type="text"/>	2.Previous Address (within last 3 years) <input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	Postcode <input type="text"/>	<input type="text"/>	Postcode <input type="text"/>
Vehicle Registration Number <input type="text"/>		Telephone N° <input type="text"/>	
Email <input type="text"/>		Mobile N° <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 a Stateless person? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you an estranged person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you an Asylum Seeker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you an Refugee? 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 required to have a Visa to be in the UK and Islands? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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COURSE DETAILS

Course Code	Course Title	Day/Hours	Ref/Subject N°	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"/>	<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.

Mode of Attendance (please tick)

Part-time Day Evening Flexi Cont.Flexi Student

Location (please tick)

Alloa Falkirk Raploch Stirling Other Centre

NB.Tuition Fees, where applicable, are required to be paid prior to enrolment and 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

10 Attending on a full-time basis

12 Registered unemployed - receiving Jobseekers allowance

08 Modern Apprenticeship

13 Registered unemployed - not receiving Jobseekers allowance

09 Other Training eg.ET

09 GRFW

14 Not Registered unemployed - but not working

11 Employed

11 Employed (WBL)

18 Retired

19 School Pupil - Year S

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

British

Scottish

English

Northern Irish

Welsh

Irish

Gypsy/Roma &
Traveller Communities

Polish

Other, please specify

B. Mixed or Multiple Ethnic Groups

Any mixed or multiple ethnic groups

Please specify

C. Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please specify

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?

Yes

No

Prefer not to say

If yes, please complete the following:

• Personal Care Support?

Yes

No

Prefer not to say

• A specific learning difficulty
(for example; dyslexia, dyspraxia or ADHD)?

Yes

No

Prefer not to say

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

Yes

No

Prefer not to say

• A social/communication impairment
(for example; Asperger's Syndrome/other autistic spectrum disorder)?

Yes

No

Prefer not to say

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

• Disability impairment or medical condition not listed above? 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.

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:

Have you ever been in Care? Yes No

If yes, for how long?

Do you have caring responsibilities? Yes No

In the event of a medical emergency please provide contact details:
 Contact Name
 Contact Telephone N^o

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/REASSIGNMENT**

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?

Bi/Bisexual

Gay Man

Gay Woman/Lesbian

Heterosexual/Straight

In another way

Prefer not to say

10 MARRIAGE/CIVIL PARTNERSHIP/STATUS

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

Married

In a same-sex
Civil Partnership

Prefer not to say

Other, please specify

11 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"/>	P2533
Address	<input type="text"/>	ITA	<input type="text"/>	I1555
Postcode	<input type="text"/>	Contact Tel N°	<input type="text"/>	Sponsor Code
Employer/School Email	<input type="text"/>	Employer Code	<input type="text"/>	
Purchase Order Number	<input type="text"/>			

12 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 which is contained within the enclosed booklet.

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

I agree to the terms and conditions

Signed

Date

Privacy Notice

Our privacy notice, which is contained within the enclosed booklet, 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

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

LECTURING STAFF ONLY

Date student enrolled

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

SUPPORT STAFF ONLY

Fee Type

1	2	3	4
LEVEL	MODE OF ATTENDANCE	WHO TO PAY	*
FE	FT	A	
HE	PT	S	
	EV	E	
	NV	W	
	DL	T	
*	EN		
*	FCR		

Source of Finance

Fee Waiver Category

Course Fee Total

ITA Fee

Student/Employer Fee

Receipt/Invoice No

Refund

CR/DB Auth Code

Completed by

Date

Keyed by

Date