Forth Valley College

FVC68 (revised April 2020)

Enrolment Form - **Session 2020/2021**

ID No

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

1 PERSONAL DETAILS

Surname | Forenames | Title (please tick one) Mr Mrs Miss Ms Mx | Other

Date of Birth | Scottish Candidate Nº | National Insurance Nº

1. Present (permanent) Home Address

Postcode

2. Previous Address (within last 3 years) Date: from to

Postcode

Vehicle Registration Number | Telephone Nº

Email | Mobile Nº

Nationality | Country of Birth

How long have you been resident in the UK and Islands? From birth? (please tick) or since: Month Year

How long have you been resident in Scotland? From birth? (please tick) or since: Month Year

Are you a Stateless person? Yes No

Are you an estranged person? Yes No

Are you an Asylum Seeker? Yes No

Are you an Refugee? Yes No

Do you have Dual Nationality? Yes No

If yes, state which countries

Are you required to have a Visa to be in the UK and Islands? Yes No

2 COURSE DETAILS

Course Code	Course Title	Day/Hours	Ref/Subject Nº	Fee

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.

3 COLLEGE STATUS

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

- Attending on a full-time basis
- Modern Apprenticeship
- Other Training eg.ET
- GRFW
- Employed
- Employed (WBL)
- Registered unemployed - receiving Jobseekers allowance
- Registered unemployed - not receiving Jobseekers allowance
- Not Registered unemployed - but not working
- Retired
- School Pupil - **Year** S

4 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

5 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.

6 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.

6a DISABILITY

Do you have a disability? ***If yes, please complete the following:***	**Yes**	☐	**No**	☐	**Prefer not to say**	☐
• 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 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/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				PFG	P2533
Address				ITA	I1555
Postcode		Contact Tel No		Sponsor Code	
Employer/School Email			Employer Code		
Purchase Order Number					

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) _____

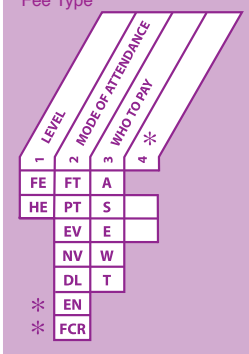
Other Courses Total number of hours per week _____

Notes

Lecturer's Signature _____ Date _____

SUPPORT STAFF ONLY

Fee Type



Source of Finance _____

Course Fee Total _____

Student/Employer Fee _____

Refund _____

Completed by _____

Keyed by _____

Fee Waiver Category _____

ITA Fee _____

Receipt/Invoice No _____

CR/DB Auth Code _____

Date _____

Date _____

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