

# Enrolment Form - Session 2021/2022

ID No

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

## 1 PERSONAL DETAILS

Surname <input type="text"/>		Forenames <input type="text"/>		Title (please tick one)			Other	
				Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mx <input type="checkbox"/>
Date of Birth <input type="text"/>		Scottish Candidate N <sup>o</sup> <input type="text"/>		National Insurance N <sup>o</sup> <input type="text"/>				
1.Present (permanent) Home Address				2.Previous Address (within last 3 years) Date: from <input type="text"/> to <input type="text"/>				
<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				
<input type="text"/>		Postcode <input type="text"/>		<input type="text"/>		Postcode <input type="text"/>		
Telephone N <sup>o</sup> <input type="text"/>				Mobile N <sup>o</sup> <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 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 a 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"/>				
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>				

## 2 COURSE DETAILS

Course Code	Course Title	Reference/Subject N <sup>o</sup>	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.

## 3 COLLEGE STATUS

Tick 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 <input type="text"/>                   |
| <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?

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<sup>o</sup>

**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 No	<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.

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

I agree to the terms and conditions

Signed  Date

For further information on Terms and Conditions please visit: <https://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

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

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

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