

APPLICATION FOR COURSE ADMISSION INTERNATIONAL (NON EU) STUDENTS **SESSION 2025/2026**

1	COURSE TITLE (See College Website)	FOR OFFICE USE ONLY
	<p>Course Choice</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Location (✓ please tick) Alloa <input type="checkbox"/> Falkirk <input type="checkbox"/> Stirling <input type="checkbox"/></p>	<p>I.D.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2	PERSONAL DETAILS																																																	
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3	FEE STATUS AND VISAS																								
	<p>Do you have a UK visa? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which UK visa do you already have?</p> <p style="text-align: center;"> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Dependant <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other <input type="checkbox"/> </p> <p>Expiry Date <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p>Have you ever studied in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details below:</p> <table style="width: 100%;"> <tr> <th style="width: 25%;">Dates, From/To</th> <th style="width: 25%;">Course</th> <th style="width: 25%;">Achieved, Yes/No</th> <th style="width: 25%;">Visa Type</th> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table> <p>Have you ever been refused a visa for the UK or any other country? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details below:</p> <table style="width: 100%;"> <tr> <th style="width: 25%;">Country</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Visa Type</th> <th style="width: 25%;">Refusal Reason</th> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table>	Dates, From/To	Course	Achieved, Yes/No	Visa Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Country	Date	Visa Type	Refusal Reason	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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3

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

4

CHECKLIST

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

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)

5

ADDITIONAL INFORMATION

Is English your first language? Yes ☐ No ☐

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:

In the event of a medical emergency please provide contact details:

Contact Name

Contact Telephone N°

6

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"/> 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 & Traveller Communities | <input type="checkbox"/> Roma |
| <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

G. All Ethnic Groups

- ☐ Other, please specify
- ☐ Prefer not to say
- ☐ Information not known

ADDITIONAL INFORMATION

Where did you find out about the College? (✓Please tick only one box)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> News Article | <input type="checkbox"/> Social Media | <input type="checkbox"/> Radio Advert | <input type="checkbox"/> School | <input type="checkbox"/> Online Advert |
| <input type="checkbox"/> Press/Outdoor Advert | <input type="checkbox"/> Information Event | <input type="checkbox"/> Local Knowledge | <input type="checkbox"/> Careers Office/Job Centre Plus | |

From time to time students may be approached by either the Scottish Funding Council (SFC) and the Scottish Government (SG), and/or their partners, to take part in research and surveys to help them plan future provision.

Please tick this box if you do NOT want to be asked to take part in these surveys.

☐

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 Administration, in accordance with the Data Protection Act.

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? If yes, please complete the following	
Learning difficulty (for example; dyslexia 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"/>
Developmental condition (for example; Autistic Spectrum)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Long-term illness, disease or condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If yes, please specify	<input type="text"/>
Mental health condition (for example; depression or anxiety disorder)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Physical impairment or mobility issues?	
Deafness or partial hearing loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Blindness or partial sight loss?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

APPLICATION FOR COURSE ADMISSION

INTERNATIONAL (NON EU) STUDENTS **SESSION 2025/2026**

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?

12

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

14

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

15

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.

☐**Portal**

The College has developed a portal to allow schools and Education Services across the Forth Valley Region, and Skills Development Scotland to be informed of your application status. The information provided allows the above organisations to support school leavers to secure a place at College.

Please tick if you agree that your data can be viewed by the above partner organisations.

☐**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.

☐

Applicant's Signature

Date

Please return your completed Application Form to:

Student Admissions
Forth Valley College of Further & Higher Education
Grangemouth Road
Falkirk
FK2 9AD

Tel: (01324) 403000

Email: student.applications@forthvalley.ac.uk