Forth Valley College

ENROLMENT FORM - SESSION 2025-26

ID No.

Please note that Sections 1 – 4 and 11 are mandatory

1 PERSONAL DETAILS

Surname

Forenames

Title (circle one)   Other

Mr   Mrs   Miss   Ms   Mx

Date of Birth

Scottish Candidate No.

National Insurance No.

1.Present (permanent) Home Address

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

Postcode

Postcode

Telephone / Mobile No.

Emergency Contact

Name

Tel No.

Email

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 an Asylum Seeker?   Yes   No   Are you a Ukrainian National   Yes   No

Do you have Dual Nationality?   Yes   No   If yes, state which countries

Are you a Veteran   Yes   No   Are you a Stateless Person Yes No   Yes   No

Are you a Refugee   Yes   No

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

Do you have either EU Settled Status?   Yes   No   or Pre-settled status?   Yes   No
(NB Documentary evidence required as proof of status)   **(NB** Documentary evidence required as proof of status)

Last School Attended

Date Left School

2 COURSE DETAILS

Course Code	Course Title	Reference/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.

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

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

10 Attending on a full-time basis

08 Modern Apprenticeship

09 Other Training eg.ET   **09** GRFW

11 Employed   **11** Employed (WBL)

12 Registered unemployed - receiving Jobseekers allowance

13 Registered unemployed - not receiving Jobseekers allowance

14 Not Registered unemployed - but not working

18 Retired

19 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

	Yes	No	Prefer not to say
Do you have a disability? *If yes, please complete the following:*	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 ☐

Full or partial loss of voice or difficulty speaking
(a condition that requires you to have equipment to speak)   Yes ☐ No ☐ Prefer not to say ☐

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:

☐

Are you currently pregnant, or have you been pregnant in the last year?

Yes ☐   No ☐   Prefer not to say ☐

Do you have a parent or carer who served, or is serving, in the regular or reservist British Armed Forces (Royal Navy, Royal Marines, British Army or Royal Airforce) at any point during the first 25 years of your life?

Yes ☐   No ☐

Have you ever been in Care?   Yes ☐ No ☐

If yes, for how long? ☐

What type of Care setting have you most recently lived in?

Residential Care ☐   *Foster Care* ☐   *Secure Care* ☐

Kinship Care, either: *Formal* ☐   *or, Informal* ☐

Looked-after at home & attending Children's Hearings ☐

Prefer not to say ☐

Do you have caring responsibilities?   Yes ☐   No ☐

If yes, who do you care for?

Disabled child/children under 18 ☐   *Child/children* under 18 ☐

Adult/s 18 and over ☐   *Prefer not to say* ☐

Are you an estranged person?   Yes ☐   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

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

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 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

11 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: **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**

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	MODE OF ATTENDANCE	WHO TO PAY	*
1	2	3	4
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