

ENROLMENT FORM - SESSION 2025-26

Please note that Sections 1 – 4 and 11 are mandatory

ID No.

1

PERSONAL DETAILS

Surname		Forenames		Title (circle one)		Other	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		<input type="text"/>	
Date of Birth		Scottish Candidate No.		National Insurance No.			
<input type="text"/>		<input type="text"/>		<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 / Mobile No.				Emergency Contact			
<input type="text"/>				Name <input type="text"/>			
<input type="text"/>				Tel No. <input type="text"/>			
Email				Nationality		Country of Birth	
<input type="text"/>				<input type="text"/>		<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 an Asylum Seeker?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Ukrainian National		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 a Veteran		Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Stateless Person		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Refugee		Yes <input type="checkbox"/> No <input type="checkbox"/>					
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>			
Last School Attended				Date Left School			
<input type="text"/>				<input type="text"/>			

2

COURSE DETAILS

Course Code	Course Title	Reference/Subject No	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

Circle **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? *If yes, please complete the following:*

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
A specific learning difficulty (for example; dyslexia, dyspraxia 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"/>
A social/communication impairment (for example; Asperger's Syndrome/other autistic spectrum disorder)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

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

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

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

Source of Finance

Fee Waiver Category

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		

Course Fee Total

ITA Fee

Student/Employer Fee

Receipt/Invoice No

Refund

CR/DB Auth Code

Completed by

Date

Keyed by

Date