

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
Preferred Name		<input type="text"/>						
Date of Birth	<input type="text"/>	Scottish Candidate No.		National Insurance No.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1. Present (permanent) Home Address		2. Previous Address (within last 3 years)		Date: from		to		
<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"/>		
Postcode		<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"/>				
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"/>	
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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you required to have a Visa to be in the UK and Islands?								
Do you have either EU Settled Status? (NB Documentary evidence required as proof of status)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	or Pre-settled status? (NB Documentary evidence required as proof of status)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Last School Attended				Date Left School		<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.

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COLLEGE STATUS

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

10	Attending on a full-time basis	12	Registered unemployed - receiving Jobseekers allowance				
08	Modern Apprenticeship	13	Registered unemployed - not receiving Jobseekers allowance				
09	Other Training eg. ET	09	GRFW	14	Not Registered unemployed - but not working		
11	Employed	11	Employed (WBL)	18	Retired	19	School Pupil - Year <input type="text"/> S

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"/> Polish
<input type="checkbox"/> Roma	<input type="checkbox"/> Showman/Showwoman	<input type="checkbox"/> Any other white background	

B. Mixed or Multiple Ethnic Groups

<input type="checkbox"/> Any mixed or multiple ethnic groups	Please specify		
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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"/> Any other Asian Background	

D. African

<input type="checkbox"/> African, African Scottish or African British			
<input type="checkbox"/> Any other African Background			

E. Caribbean or Black

<input type="checkbox"/> Caribbean, Caribbean Scottish or Caribbean British			
<input type="checkbox"/> Black, Black Scottish or Black British			
<input type="checkbox"/> Any other Caribbean or Black Background			

F. Other Ethnic Group

<input type="checkbox"/> Arab, Arab Scottish or Arab British			
<input type="checkbox"/> Other, please specify			

G. All Ethnic Groups

<input type="checkbox"/> Other, please specify			
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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:

A specific learning difficulty (for example; dyslexia, dyspraxia or ADHD)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A Development Condition? (for example; Asperger's Syndrome/other autistic spectrum disorder)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6a

DISABILITY (continued)

Long term illness, disease or condition

Yes No

If yes, please specify

Mental health condition (for example; depression, or anxiety disorder)?

Yes No

Physical impairment

(such as difficulty using arms, using a wheelchair or on crutches)?

Yes No

Deafness or partial hearing loss?

Yes No

Blindness or partial sight loss?

Yes No Full or partial loss of voice or difficulty speaking
(a condition that requires you to have equipment to speak)Yes No

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 Are you Care Experienced? Yes No

Which of the following options describes your first, or preferred, language?

If Yes please Experience of care confirm within the UK Experience of care outwith the UK English Gaelic BSL Prefer not to say

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

Do you have any other national language, please specify:

Residential Care Foster Care Secure Care Do you have an English/
Communication qualification? Yes No Kinship Care:

If yes, please state name of qualification and level:

Looked-after at home & attending Children's Hearings

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

Prefer not to say Yes No Prefer not to say Do you have caring responsibilities? Yes No

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?

If yes, who do you care for?

Yes No 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

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YOUR RELIGION, RELIGIOUS DENOMINATION OR BODY

Which group do you most identify with?

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 <input type="checkbox"/>		

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SEX AND GENDER IDENTITY

Which of the following describes how you think of yourself?

Male <input type="checkbox"/> (including trans man)	Female <input type="checkbox"/> (including trans woman)	Prefer not to say <input type="checkbox"/>
in another way <input type="checkbox"/>		

Is your current gender (or sex) the same as you were born with?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Do you identify as being trans?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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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

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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

PTFG P2533

Address

Postcode

Contact Tel No

Sponsor Code

Employer/School Email

Employer Code

Purchase Order Number

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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

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			

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