Course Choice Location (please tick) Alloa Falkirk Stirling PERSONAL DETAILS Surname Forenames Date of Birth Preferred Name 1 Present (permanent) Home Address Date: from 2. Previous Address Telephone No. Mobile No. Email Nationality	Title (circle one) Mr Mrs Miss Ms Mx National Insurance No. ss (within last 3 years) Date: from to
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Telephone No. Mobile No. Email Nationality	Postcode
Email Nationality	
Email Nationality	
Last School Attended	Country of Birth
Last School Attended	
SCOTTISH QUALIFICATION AUTHORITY (SQA) NUMBER	
Have you previously studied SQA Qualifications, for example:	
Standard Grades, Higher Grades, National Certificate Modules or Higher National Units?	
If so, please enter your 9 digit Scottish Qualification	
Authority (SQA) Registration Number	

SCQF Level 0	SCQF Level 2	SCQF Level 3	SCQF Level 4	SCOF Level 5	SCQF Level 6	SCQF Level 7	SCOF Level 8	SCQF Level 10	SCQF Level 10	SCQF Level 11	scq
No Qualification Held	Access 2 National 2	Access 3 Standard Grade Foundation	Intermediate 1 Standard Grade General	Intermediate 2, Standard Grade,	Higher, SVQ 3	Advanced Higher/ Scottish Baccalaureate HNC	HND, Diploma of Higher Education,	Honours Degree Grad Diploma Grad Certificate	Honours Degree, Grad Diploma, Grad	Int. Masters Degree/ Masters Degree, Post Grad	Doc Deg
SCQF Level 1 Access		National 3	NC National 4 Nat. Progression Award, SVQ 1	Credit, National 5, SVQ 2		Certificate of Higher Education SVQ 3	SVQ 4	Certificate	Certificate	Diploma, Post Grad Certificate, SVQ 5	
Please list y	Vour curren	t and ongo	ing qualific	eations eq.	Standard G	Tades Inter	mediate 1 I	ntermediat	e 2 Nation	als or High	or*
SUBJEC		t, and ongo	g, quaiirie	ations eg. e		Grade		Level nt 1, etc)	Year o Complet	of C	omp Curr
								,,			
Please tell experience							our future	career plan	s, previous	employme	nt, r
	, hobbies ar						your future	career plan	s, previous	employme	nt, r
REFERE Please give	NCE the name a	and full add	continue c	en a separat	e sheet if n	ecessary)					
REFERE Please give Your refere	NCE the name are should blast school,	and full addies someone	continue c	eree whom	we can cor your suita person in c	ntact. bility for th	ne course. 1	his could b	e your Gui	dance Teac	ther
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6	ADDITIONAL INFORM	NATION					
	Where did you find out about t	the College? (✔Ple	ase tick only on	e box)			
	News Article	Social Media	Rad	dio Advert	School	Online	e Advert
	Press/Outdoor Advert	Information Ev	vent Loc	cal Knowledge	Careers Office/s	Job Centre Plu	S
	From time to time students m and/or their partners, to take	ay be approached b part in research and	y either the S surveys to he	cottish Funding Counc Ip them plan future pr	cil (SFC) and the Scotovision.	tish Governme	ent (SG),
	Please tick this box if you do N	NOT want to be ask	ed to take par	t in these surveys.			
7	EQUAL OPPORTUNITI	ES					
	Forth Valley College is comm learners. The College will ensu maternity, race, religion and b All information is kept confide	re that all applicant elief, sex and sexua	s are treated e l orientation.	equally regardless of ag	ge, disability, gender re	eassignment, pr	
8	STUDENT SUPPORT						
	The College assists and supponot affect your chances of bei		their learning	g. Please tick the follow	ving, appropriate, box	/boxes. This inf	ormation will
8A	DISABILITY						
	Do you have a disability? If yes	s, please complete tl	ne following		Yes No	Prefer no	t to say
	Learning difficulty (for examp				Yes No	Prefer no	ot to say
	A specific learning disability				Yes No	Prefer no	
	Developmental condition (fo				Yes No	Prefer no	ot to say
	Long-term illness, disease or	condition?			Yes No	Prefer no	ot to say
	Mental health condition (for	example; depression of	r anxiety disord	er)?	Yes No	Prefer no	ot to say
	Physical impairment or mob	ility issues?			Yes No	Prefer no	ot to say
	Deafness or partial hearing l	oss?			Yes No	Prefer no	ot to say
	Blindness or partial sight loss	s?			Yes No	Prefer no	ot to say
	If Invited to attend an interv	iew d oyuo require a	ıny support (eg	g. signer)	Yes No		
	For Health and Safety purpo assisttance to evacuate from				nise the emergency au	ıdio alarm, or	
8B	ADDITIONAL INFORM	ATION					
	Is English your first language?	Yes	No	Have you ever b	een in Care?	Yes	No
	Do you have any other nationa	ıl language, please sp	pecify:	What type of Ca	are setting have you n	nost recently liv	ved in?
				Residential Co	are Foster C	are Sec	ure Care
	Do you have an English/	, Yes	No	Kinsh	nip Care, either: For	mal or,	Informal
	Communication qualification? If yes, please state name of qu				d-after at home & atten		
	, 60, produce state manne or qu				. 4700. 40.1101110 41.410011		ot to say
	In the event of a medical em	nergency please pro	ovide	Do you have car	ring responsibilities?	Yes	No
	Contact Name			If yes, who do yo	ou care for		
				Disabled Child	/Children Under 18	Child/Children	Under 18
	Contact Telephone Nº				Adult(s) 18 and over	Prefer i	not to say
				Are you an estra	anged person?	Yes	No
	Are you currently pregnant or he	ave been pregnant in		regular or reserv Marines, British	arent or carer who ser vist British Armed For Army or Royal Airfor	ces (Royal Nav	y, Royal
			,	first 25 years of	, out inc.	Yes	No

	, RELIGIOUS DENOMII	NATION OR B	ODI		
Which group do you m	ost identify with?				
None	Christian: Protestant	Christian: I	Roman Catholic	Christian: Other	Muslim
Buddhist	Sikh	Jewish		Hindu	
Another religion	or body	Prefer not	to say		
RACE - YOUR ET	HNIC GROUP				
Please choose ONE se	ection from A to G, then tick C	NE box which be	st describes your eth	nnic group or backgrou	nd
A. White					
British	Scottish		English Gypsy &		orthern Irish
Welsh	Irish		Gypsy & Traveller Commu		oma
Polish	Showman/S	nowwoman	Any other white b	packground	
B. Mixed or Multiple E	•				
·	ultiple ethnic groups				
C. Asian, Asian Scottis	sh or Asian British ani Scottish or Pakistani British		Indian Indian Sec	ottish or Indian British	
				Scottish or Chinese B	ritich
	ngladeshi Scottish or Banglades	ni Dritish	Chinese, Chinese	Scottish of Chinese B	ritish
Any other Asian	background				
African African	Scottish or African British				
Any other Africar					
. Caribbean or Black	Thackground				
	bean Scottish or Caribbean Br	itish			
	ttish or Black British				
	or Black background				
. Arab	6				
	tish or Arab British				
6. All Ethnic Groups					
Any other backg	round				
Prefer not to say	/ Information	not known			
EX AND GENDE	R IDENTITY				
	describes how you think of you	urself?			
Male		Female		Prefer not to say	
(including trans man)		(including train	ns woman)	Trefer flot to say	
in another way	().1	1 :12			
	r (or sex) the same as you were			_	
Yes		No		Prefer not to say	
Do you identify as bei	ng trans?				
		No		Prefer not to say	

Which of the following options best describe	es how you think of yourself?	
Bi/Bisexual	Gay Man	Gay Woman/Lesbian
Heterosexual/Straight	Other	Prefer not to say
DECLARATION		
to process your application and for statistical Council for college funding and statistical pand for support of 16 to 24 years olds in Scotexamination bodies, and where relevant we we	al purposes. If your application is successurposes, and where appropriate with stand. Where appropriate we will share will share information with partner instated degree programmes. Where app	n Legislation. The information will be used by the cessful your data will be shared with the Scottish For Skills Development Scotland for statistical require relevant information for the purposes of certifications to support your course application, progropriate, we will share information which is directly or Scotland and Student Loans Company.
Tick to agree to our Privacy Statement.		
		the Forth Valley Region, and Skills Development Sobove organisations to support school leavers to so
Please tick if you agree that your data can b	be viewed by the above partner organ	isations.
News and Updates from Forth Valley Colle, We would like to keep you updated with the	~	Valley College.
Please tick here if you would like to be adde	ed to our mailing list.	
Please tick here if you would like to be adde	ed to our mailing list.	
Please tick here if you would like to be added and a second secon	ed to our mailing list.	Date
	ed to our mailing list.	Date
		Date
Applicant's Signature	Form to:	Date

GUIDE TO APPLYING FOR A FULL-TIME COURSE - PAPER APPLICATION

If you choose to apply by filling out a paper application form:

- Paper application forms are available for applicants who do not have access to a computer, but it is recommended (where possible) that you apply online via our website: www.forthvalley.ac.uk
- If you choose to apply online please refer to the 'Guide to Applying for a Full-time Course Online', on the next page.
- If you complete a paper application form all future correspondence will be sent to the email address that you have provided on application form.
- Ensure you already have the qualifications, or are working towards obtaining the qualifications, required for the course you are applying for.
- If applying for a Modern Apprenticeship course it is recommended you submit a separate application for a mainstream course, as a back-up.
- Application forms are screened, and qualifications are checked, prior to an interview being arranged, so please provide your Scottish Candidate Number where applicable.
- Provide detailed information in the Academic section relating to the reason you are applying for the course, future career plans, previous employment, relevant experience, hobbies and interests.
- If your application is successfully screened you will most likely be invited to attend a selection interview, so you can prepare for this by thinking about the information you provided in the Academic section of your application.
- The College assists and supports all students with their learning, so please provide any information on additional support needs you might have, on your application. This information will not affect your chances of being offered a place.
- Course interviews for January start full-time courses commence November/December. Interviews for August start courses commence between February and May, depending on the course.
- Applicants providing a mobile telephone number will be sent an interview text reminder the day prior to interview.
- If you are unable to attend your scheduled interview, or wish to withdraw your application at any time, please telephone: 01324 403000 (and ask for Student Administration) as soon as possible, so we can offer your interview/ course place to another applicant

We look forward to receiving your application to study at Forth Valley College

GUIDE TO APPLYING FOR A FULL-TIME COURSE - ONLINE

If you choose to apply online:

- It is recommended you apply online via our website: www.forthvalley.ac.uk
- Paper application forms are also available from all our Campus Receptions, for applicants who do not have access to a computer.
- Ensure you use your personal email address when creating your online account DO NOT USE an email address
 previously used to apply for a course belonging to family members for example, as this will result in data being merged.
- An automated email will be generated and sent to the email address you used to apply, immediately following submission of your application. It may be a few months until you hear back from us to confirm the position of your application.
- If you do not receive an acknowledgement email immediately, check your Junk/Spam folder.
- If you apply online all future correspondence will be emailed to you, so if you change your email address please email: student.applications@forthvalley.ac.uk to let us know as soon as possible, so we can update your record.
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We look forward to receiving your application to study at Forth Valley College.

