

ENROLMENT FORM - SESSION 2024-25

Please note that Sections 1 – 4 and 11 are mandatory

ID No.

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 ☐	
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			

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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.

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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	☐ 14 Not Registered unemployed - but not working
☐ 11 Employed	☐ 18 Retired
☐ 09 GRFW	☐ 19 School Pupil - Year
☐ 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

☐ 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

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 ☐	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 ☐

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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 ☐

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 ☐

Are you an estranged person?

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?

Yes ☐No ☐

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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

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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

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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		PFG	P2533
Address		ITA	I1555
Postcode		Contact Tel No	
Employer/School Email		Sponsor Code	
		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**

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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**

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For further information on how we handle your data, please visit: www.forthvalley.ac.uk/privacy

**LECTURING STAFF ONLY**

Date student enrolled

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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

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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