

Application Form

2013-2014



If you would like help completing this application form or assistance with course selection please contact us. Telephone: 0131 669 4400 or email: info@edinburghcollege.ac.uk

Please complete this form in **BLOCK CAPITALS** (College Use Only) Applicant ID:

Step 1 Course Details

Please state your course choice, your mode of attendance and campus (Granton, Milton Road, Sighthill, Midlothian):

Course Title (as it appears on our website)	Mode of Attendance (see below)	Campus
1		

Attendance codes: FT (Full Time), PT (Part Time), EVE (Evening), OLL (Online Learning), DR (Day-release), BR (Block-release)

Step 2 Personal Details

Title: Mr/Mrs/Miss/Ms/Other Forename(s) (First Name):

Surname (Last Name):

Date of Birth: Male Female
D D M M Y Y

Scottish Candidate Number: (this is on your SQA/SCOTVEC Certificate)

Permanent Home Address:

..... Post Code: Telephone Number:

Term-time Address:

..... Post Code: Telephone Number:

Email Address: Mobile:
 (Your email address and mobile number will only be used for the purpose of communication between you and College staff)

Next of Kin/Emergency Contact Name: Telephone:

Nationality: How long have you lived in Scotland? Or the rest of the UK?

I am a resident of the UK/EU (including refugee)

Please state the country which is your permanent home:

Reason for entry to the UK: Date of entry to the UK:
 (work/education etc)

Do you hold a valid UK Visa? Yes No **If YES** - which Visa do you have:

- Indefinite leave to remain / enter Refugee
- Dependant of one of the list Certificate of entitlement to the right of abode in the UK
- Exceptional leave / applying for asylum

Step 3 Ethnic Origin

This information is collected in accordance with the latest equality legislation and is not used in any selection process. Please tick as appropriate:

- | | | |
|---|---|---|
| White | Asian, Asian Scottish or Asian British | Other ethnic backgrounds |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Indian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> English | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any mixed background |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other background |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Chinese | <input type="checkbox"/> Information refused |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Any other Asian background | |
| <input type="checkbox"/> British | | |
| <input type="checkbox"/> Gypsy/Traveller | Black, Black Scottish or Black British | |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Caribbean | |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> African | |
| | <input type="checkbox"/> Any other black background | |

Step 4 Employment Status

Please tick as appropriate:

- Are you currently: Employed Unemployed & on benefits Not working & NOT on benefits Retired School Pupil

Step 5 Additional Support Needs/Disability

This information is collected in accordance with the code of practice issued under the Disability Discrimination Act and is not used in any selection or allocation process. This information will be used to enable us to support you whilst at college. Please tick as appropriate:

- | | | |
|--|--|--|
| <input type="checkbox"/> No known disability | <input type="checkbox"/> Wheelchair user/mobility difficulties | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Personal care support | <input type="checkbox"/> Disability not listed |
| <input type="checkbox"/> Blind/partially sighted | <input type="checkbox"/> Mental Health difficulties | |
| <input type="checkbox"/> Deaf/hearing impaired | <input type="checkbox"/> Unseen disability e.g. diabetes, epilepsy, asthma | |

The learner support team helps all students who may need extra support with their studies. If you require learner support, please tick the box below and give us any details you think we may need to know before you start your course.

- Learner Support Need

.....

.....

.....

Thank you, our team will be in touch to discuss any assistance you may require.

Step 6 Care Leavers and Looked-after Young People

This information is not used in any selection or allocation process.

- Have you recently left care? Yes No Are you receiving support from Yes No
Through Care Aftercare?

Are you or were you on your 15th birthday (please tick):

- | | |
|---|---|
| <input type="checkbox"/> On supervision at home | <input type="checkbox"/> In foster care |
| <input type="checkbox"/> In a young people's unit | <input type="checkbox"/> Looked after by a friend or relative |

Step 10 Declaration

Edinburgh College is committed to ensuring that the processing of personal data is only undertaken in the legitimate operation of the business of the College. The College will ensure that the eight principles on which the Act is based are made known to and observed by all College Staff.

By providing the information contained in this form you consent to

- The College using your personal information for the purposes of processing your application and any subsequent attendance at College. It may also supply it to external bodies e.g. Scottish Qualifications Authority and other examining bodies. In addition when a student's fees are paid by a managing agent or employer the College will release such information to these parties relating to academic progress, attendance and behaviour including any disciplinary and the outcome of such action.
- The College holding and using the information in connection with its obligation to provide statistical data to the Scottish Funding Council. The Scottish Funding Council (SFC) and the Scottish Government (SG) have responsibility for improving education in Scotland as well as planning for future provision of both further and higher education and funding of institutions and students. Personal Data may be transferred to Scottish Ministers/Secretary of State for an Assessment Function, but it will be anonymised and will be processed in accordance with the Data Protection Act.

At no time will personal information be passed on to other organisations for sales or marketing purposes.

From time to time

1. Students and/or their parents may be approached by either SFC or SG, and other partners, to take part in research and surveys to help them with this task.
2. Edinburgh College may send you information on College courses and services.

Tick the box if you do NOT want to be contacted in respect of such surveys

The College would like to use the photograph that was taken for your Student Card to personalise your Individual Learning Plan and other College records. The College will not use your photograph for any other purpose without your express permission.

Please tick the box if you agree to allow your photograph to be used in this way

The College will contact you by text if there are changes to your timetable or issues with your support funding.

Please tick the box if you agree to your mobile number being used in this way
Please note this does not apply to students under the age of 16

I agree to Edinburgh College terms and conditions and confirm that I am aware that if my application for Student Funding is not accepted that I will be responsible for my fees in full

The College would like to share relevant personal information about you with Skills Development Scotland and with relevant associated organisations. Should you leave your course at College prior to its completion, this will allow Skills Development Scotland to contact you to offer advice and support should you wish. It will also enable Skills Development Scotland to conduct research and analysis into student progression and destinations.

Please tick one box as appropriate: I agree or I disagree to share this information with Skills Development Scotland and relevant associated organisations.

I certify that to the best of my knowledge the information given in this form is correct.

Your signature:..... Date:.....

Office Use Only

First date of attendance if different from course start

Course/Period/Campus Code

date:

If the student is an 'INFILL' please detail below the SQA units or subjects, with occurrences, being undertaken.

REGISTRATION USE ONLY	
SFC Finance Source	<input type="checkbox"/> <input type="checkbox"/>

SQA Unit and/or Subject No.	Value
/	

SQA Unit and/or Subject No.	Value
/	

SQA Unit and/or Subject No.	Value
/	

SQA Unit and/or Subject No.	Value
/	

Employer Ref.

Invoice Required? Yes

Sponsor Ref.

Invoice Required? Yes

Account Code

Amount

Receipt Number:

Tuition £

Date: Type:..... Initials:.....