

Application Form

2015/2016



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

Once completed please return to the Student Records Team, Edinburgh College Granton Campus, 350 West Granton Road, Edinburgh EH5 1QE

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), DFL (Distance and Flexible Learning), DR (Day-release), BR (Block-release)

Step 2 Personal Details

Title: Mr/Mrs/Miss/Ms/Other _____ Surname (Last Name): _____

Forename(s) (First Name): _____

Date of Birth:

D	D	M	M	Y	Y

 Male Female Other Prefer not to say

Scottish Candidate Number:

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 (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? (**Non UK residents**) Yes No **If YES** – which Visa do you have:

Indefinite leave to remain / enter

Refugee

Dependent of one of the list

Certificate of entitlement to the right of abode in the UK

Exceptional leave / applying for asylum

Step 3 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:

- Personal care support
- A specific learning difficulty such as dyslexia, dyspraxia or AD(H)DCare Leaver
- A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches
- Deaf or a serious hearing impairment
- Blind or a serious visual impairment uncorrected by glasses
- A disability impairment or medical condition that is not listed above
- No known disability

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

Step 4 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 Through Care Aftercare? Yes No

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

- On supervision at home In foster care
- In a young people's unit Looked after by a friend or relative

Do you have caring responsibilities?

- Not applicable Disabled Child/Children under 18
- Child/Children under 17 Adult(s) Over 18
- Student Prefer Not to Say

Are you from a looked after background?

(e.g: foster care/kinship/residential/care leaver)

- Not applicable Foster Care
- Care Leaver Kinship
- Residential Other (please specify)

Step 5 Student Status

Are you currently (please tick as appropriate)

- Employed Unemployed and on benefits Not working and not on benefits
- Retired School pupil

Step 6 Education

Name of last/current school, college or university: _____

Date of leaving or your intended leaving date:

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M M Y Y

Qualifications obtained or pending (please tick result column appropriately)

Subject	Level	Grade	Year	Result	
				Passed	Pending
E.g. English	Standard	Credit 2	1986	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

What is the highest qualification you hold? _____

Step 7 Payment of College Fees

To ensure funding for your course is in place as soon as possible, please advise how you plan to pay for your course fees (only tick one method).

- I will apply for a College Bursary/Fee Waiver to fund my course (courses below HNC level)
 I will apply to the SAAS for funding (courses at HNC level or above)
 I will pay my own fees
 I will apply for exemption from paying tuition fees (part-time courses)
 I am applying for ILA 200 I am applying for SAAS part-time fee grant ILA number: _____

One of the following will pay my fees (Complete Fee Contact Information below):

- Employer Managing Agent Joint Collaborative Agreement (JCA)
 Contract New Deal Local Education Authority (LEA)

Fee Contact Information (we will require a letter from your employer to confirm they are paying your fees)

Contact Name: _____ Name of Organisation: _____

Address: _____

Postcode: _____ Tel No: _____ Email: _____

I would like to pay by one of the following methods (please tick):

- MAESTRO VISA MASTERCARD DELTA JCB

Account/card number

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Amount £ _____ Expiry date: _____ Start date _____ Issue No: _____

3 digit security code (on reverse of card)

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Card Holder's postcode: _____ Card holder's house number _____

Cardholder name: _____ Date: _____

- I enclose a cheque for: £ _____ I would like to pay cash

Step 8 Information in Support of your Application

Please tell us why you have chosen this course, include any relevant skills and experience you may have which might help support your application.

Step 9 Marketing Information

How did you find out about courses at Edinburgh College?

- | | | |
|--|---|--|
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Edinburgh College Website | <input type="checkbox"/> Email from the College |
| <input type="checkbox"/> Radio Advert | <input type="checkbox"/> Press Advert | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> School | <input type="checkbox"/> Event (e.g. careers fair/open day) | <input type="checkbox"/> Skills Development Scotland |
| <input type="checkbox"/> Job centre | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Online advert |
| <input type="checkbox"/> Poster/banner/billboard | <input type="checkbox"/> Other website | <input type="checkbox"/> Other Source |

Where did you obtain details on the course you have applied for?

- | | | |
|---|---|--|
| <input type="checkbox"/> Edinburgh College website | <input type="checkbox"/> Edinburgh College course guide | <input type="checkbox"/> Edinburgh College course Information line |
| <input type="checkbox"/> Event (e.g. careers fair/open day) | <input type="checkbox"/> Skills Development Scotland (My World of Work) | <input type="checkbox"/> Other Source |

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.

Student Category:

SFC Finance Source

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?

Account Code

Amount

Receipt Number:.....

Tuition £

Date: Type: Initials:

Step 11 Equal Opportunities

As part of Equalities Legislation, Edinburgh College are required to collect data on Protected Characteristics such as age, religion and gender. This data is not available to staff who are reviewing your application for a place on a course, they cannot see it – it is used purely for reporting purposes and is completely confidential. You will be given the chance to review and update this information at Enrolment if your application for a place is successful.

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

Your religion or belief

- None
- Buddhist
- Christian - Protestant
- Christian - Roman Catholic
- Christian - Other
- Hindu
- Jewish
- Muslim
- Sikh
- Another religion or belief
- Prefer not to say

Your sexual orientation

- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Straight/Heterosexual
- Other
- Prefer not to say

Is your gender the same as at birth?

- Yes
- No
- Prefer not to Say

White

- Scottish
- English
- Welsh
- Irish
- Northern Irish
- British
- Gypsy/Traveller
- Polish
- Any other white Background

Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic backgrounds

- Arab
- Any mixed background
- Any other background
- Information refused

Black, Black Scottish or Black British

- Caribbean
- African
- Any other black background