

Personal Details

This is straight forward, complete all sections with a *

Emergency Contact should be parent / guardian or older brother / sister.

Please check the additional support / disability section carefully, tick if any of the list apply.

Verification Messages:

- Title is a required field
- Date of birth is a required field
- Are you a returning student is a required field
- Gender is a required field
- Nationality is a required field
- Emergency contact name is a required field
- Emergency contact tel is a required field
- You must select at least one option from the disability / additional support list

* Surname	<input type="text" value="Hill"/>
* Forename	<input type="text" value="Mitch"/>
* Title	<input type="text" value=""/>
* Date of birth	<input type="text" value=""/>
* Have you studied at Edinburgh College before?	<input type="radio"/> Yes <input type="radio"/> No
* Sex & Gender Identity	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Prefer not to say
* Nationality	<input type="text" value=""/>
Scottish Candidate number	<input type="text" value=""/>
* Emergency contact name	<input type="text" value=""/>
* Emergency contact tel.	<input type="text" value=""/>
* If you have a disability or additional support need please tick any of the boxes that apply	<input type="checkbox"/> No known disability <input type="checkbox"/> Personal care support <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder <input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy <input type="checkbox"/> A mental health condition such as depression, schizophrenia or anxiety disorder <input type="checkbox"/> A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches <input type="checkbox"/> Deaf or a serious hearing impairment <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses <input type="checkbox"/> A disability impairment or medical condition that is not listed above