

LEARNING SUPPORT

Do you have a need for additional support? Please tell us if you may need extra support perhaps because of a disability or learning difficulty. The Learning Support team will contact you to discuss what additional support you need.

Yes No

EQUALITY AND DIVERSITY

At West Lothian College we want to make sure that all students have an excellent experience and are treated fairly. We collect information related to equality and diversity in order to fulfil our duties under the Equalities Act 2010 and in order to make changes that can help you and others. When we ask you for personal information it is because we want to find out more about the people in the College and use it to make sure that things are made fairer for people from different backgrounds and groups.

Please answer the following questions to help us ensure that our equalities policies are effective. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows an individual to be identified.

Are you in care or have you left care within the last 5 years? Yes No

Do you have caring responsibilities? Yes No

DISABILITY (please tick all that apply)

| | |
|---|--------------------------|
| I do not have a disability | <input type="checkbox"/> |
| A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | <input type="checkbox"/> |
| A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | <input type="checkbox"/> |
| A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | <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 | <input type="checkbox"/> |

ETHNIC ORIGIN (please tick only one)

| | | | | | |
|-------------------------------|--------------------------|--------------------------------------|--------------------------|-------------------------------|--------------------------|
| 10 White Scottish | <input type="checkbox"/> | 16 Indian, Indian Scottish | <input type="checkbox"/> | 23 Any other black background | <input type="checkbox"/> |
| 11 White English | <input type="checkbox"/> | 17 Pakistani, Pakistani Scottish | <input type="checkbox"/> | 24 Any other background | <input type="checkbox"/> |
| 12 White Welsh | <input type="checkbox"/> | 18 Bangladeshi, Bangladeshi Scottish | <input type="checkbox"/> | 32 Gypsy/Traveller | <input type="checkbox"/> |
| 13 White Irish | <input type="checkbox"/> | 19 Chinese, Chinese Scottish | <input type="checkbox"/> | 33 Polish | <input type="checkbox"/> |
| 30 White Northern Irish | <input type="checkbox"/> | 20 Any other Asian Background | <input type="checkbox"/> | 34 Arab | <input type="checkbox"/> |
| 31 White British | <input type="checkbox"/> | 35 Black, Black Scottish | <input type="checkbox"/> | 98 Prefer not to say | <input type="checkbox"/> |
| 14 Any other white background | <input type="checkbox"/> | 21 Caribbean, Caribbean Scottish | <input type="checkbox"/> | | |
| 15 Any mixed background | <input type="checkbox"/> | 22 African, African Scottish | <input type="checkbox"/> | | |

SEXUAL ORIENTATION

What is your sexual orientation? (please tick)

| | | | |
|-------------------------|--------------------------|---------------------|--------------------------|
| 1 Heterosexual/straight | <input type="checkbox"/> | 4 Bisexual | <input type="checkbox"/> |
| 2 Gay Man | <input type="checkbox"/> | 5 Other | <input type="checkbox"/> |
| 3 Gay Woman/Lesbian | <input type="checkbox"/> | 6 Prefer not to say | <input type="checkbox"/> |

GENDER IDENTITY

Is your gender identity different from the gender you were originally assigned at birth?

| | |
|-------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

RELIGION

What is your religion? (please tick)

| | | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| 1 None | <input type="checkbox"/> | 2 Christian: Protestant | <input type="checkbox"/> | 3 Christian: Roman Catholic | <input type="checkbox"/> |
| 4 Christian: Other | <input type="checkbox"/> | 5 Muslim | <input type="checkbox"/> | 6 Buddhist | <input type="checkbox"/> |
| 7 Sikh | <input type="checkbox"/> | 8 Jewish | <input type="checkbox"/> | 9 Hindu | <input type="checkbox"/> |
| 10 Another religion or body | <input type="checkbox"/> | 11 Prefer not to say | <input type="checkbox"/> | | |

SUBJECT ENROLMENT

Please complete if student is studying an infill or individualised programme (eg Highers). List the individual subjects taken.

1 _____

2 _____

3 _____

If infilling into a full-time programme, please state the number of units here: HN Credits NQ Credits

IMPORTANT PLEASE READ CAREFULLY

In signing this form and taking up a place on this College course, you will enter into a contract with the College.

STUDENT AGREEMENT

As a student of West Lothian College you are agreeing to honour the payment of fees.
 Please Note: Full Course Fees are due once attendance commences. All Course Fees are non-refundable. If you do not pay your Course fees we will instruct our solicitors to collect payment on our behalf. The additional costs associated with this will be added to your outstanding balance. Please provide confirmation that your employer will pay your fees if applicable.

DATA PROTECTION STATEMENT

By providing this information contained in the enrolment form you consent to the College holding and processing the information in connection with its obligation to provide statistical data to the Scottish Funding Council (SFC). The College will use the information for internal purposes and may also supply to external bodies eg SQA, SDS for education, training, employment and well-being related purposes, including for research. The College and SFC will comply with their obligations under the Data Protection Act.

To opt out of SFC follow-up surveys (mark with X)

West Lothian College would like to share the following information about you with Skills Development Scotland, including: your name, your address (including postcode), your date of birth, course code details and your Scottish candidate number. 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 destinations.

To opt out of Skills Development Scotland data sharing (mark with X)

If you do not want to receive future offerings at West Lothian College (mark with X)

INTERNET ACCEPTABLE USE POLICY

Your signature on this form implies acceptance of West Lothian College's Internet and Social Networking Acceptable Use Policy.

Please sign and date below (this form must also be countersigned by a member of staff)

Student Signature

Date

Staff Signature

Date