

Enrolment Form 2018-19

THIS SECTION TO BE COMPLETED BY STUDENT BEFORE ATTENDING ENROLMENT
BOXES SHADED IN GREY ARE MANDATORY PLEASE MAKE SURE YOU COMPLETE THESE

Title:	<input type="text"/>	Student ref:	<input type="text"/>
	eg Mr, Mrs, Miss etc		
First name(s):	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Course Title:	<input type="text"/>		

THIS SECTION TO BE COMPLETED BY ACADEMIC STAFF OR ADMINISTRATOR BEFORE ENROLMENT

Course Ref:	<input type="text"/>	Source of Finance	Student Category	Part Input: <input type="text"/>
		<input type="text"/>	<input type="text"/>	Full Input: <input type="text"/>
				Finance: <input type="text"/>

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PERSONAL DETAILS (Please tick as appropriate)

Sex: Male (including Trans man) Female (including Trans woman) Other Prefer not to say

Which best describes your current marital or partnership status?

Married In a same sex civil partnership Other (eg single, living with partner) Prefer not to say

Are you currently pregnant or have you been pregnant in the last year?

Yes No Prefer not to say

Country of Nationality: eg Scotland, England, India, Poland etc

Which best describes your first or preferred language?

English Gaelic British Sign Language Any other national language Prefer not to say

Email address: Please tick if we can contact you by email

Mobile number: Please tick if we can contact you by SMS

Have you been resident in Scotland for the past 3 years? Yes No

PERMANENT HOME CONTACT DETAILS

Home address:	<input type="text"/>
City/Town:	<input type="text"/>
Post code:	<input type="text"/>
Telephone no:	<input type="text"/>

Please tick if we can contact you by post

EMERGENCY CONTACT DETAILS

We need these details so we know who to contact in case any of incident or accident

Name:	<input type="text"/>
Relationship:	<input type="text"/>
	eg partner, mother, father, friend, etc
Telephone No:	<input type="text"/>

SCHOOL DETAILS

If you are currently at school please tell us which school you attend and tick which year you are in.

If you are under 20 years of age please tell us the last school you attended.

School

Year **Primary** **S1** **S2** **S3** **S4** **S5** **S6**

PREVIOUS QUALIFICATIONS

Scottish Candidate Number (SCN):

List your SQA candidate number here if you know it

Please enter the number of subjects passed at Nationals, Standard Grades, SCE or GCSE at bands:

A-C or 1-3 D-E or 4-6 Highers at A-C A-Levels at A-E National Units

Other Qualifications

List your highest qualification only

PAYMENT OF FEES

Payment is required at time of enrolment (prior to course start date)

I wish to pay by debit/credit card. Please provide a contact number we can call you on to take your details:

Telephone: _____

I wish to pay by cheque (please make cheques payable to West Lothian College)

I wish to use Part-time Fee Grant (PFG)

I wish to use an **Individual Training Account (ITA)**. I have applied online at www.myworldofwork.co.uk
National Insurance Number - this **must be provided** in the box below:

Please Note: you must provide West Lothian College with the relevant documents as noted in your email from My World of Work regarding eligibility. If your ITA does not cover the full cost of your course, please remember to include the remaining balance with your enrolment.

My employer is paying my fees; please attach a confirmation letter from your employer and provide your employer's details below:

Name

Address

Postcode

Email

Telephone

SUPPORT

Do you have a need for additional support?

Yes No

Please tell us if you may need extra support perhaps because of a disability, learning difficulty or any other issues. The Student Support team will contact you to discuss what additional support you need.

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?

If you answer 'Yes' we may contact you to offer additional support.

Yes No

Do you have caring responsibilities?

- I do not have caring responsibilities
- I care for a disabled child/children aged under 18
- I care for a child/children aged under 18
- I care for an adult(s) aged 18 and over
- I am a carer but would prefer not to say to whom

DISABILITY (please tick all that apply)

<input type="checkbox"/> 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 social / communication impairment such as Asperger's or 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, using a wheelchair or crutches	<input type="checkbox"/> Deaf or a hearing impairment
<input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses	<input type="checkbox"/> A specific learning disability such as Down's Syndrome
<input type="checkbox"/> A disability, impairment or medical condition that is not listed above	

ETHNIC ORIGIN (please tick only one)

<input type="checkbox"/> 10 White Scottish	<input type="checkbox"/> 16 Indian, Indian Scottish	<input type="checkbox"/> 23 Other African 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, Arab Scottish, Arab British
<input type="checkbox"/> 31 White British	<input type="checkbox"/> 35 Black, Black Scottish	<input type="checkbox"/> 36 Other Caribbean or Black background
<input type="checkbox"/> 14 Any other white background	<input type="checkbox"/> 21 Caribbean, Caribbean Scottish	<input type="checkbox"/> 98 Prefer not to say
<input type="checkbox"/> 15 Any mixed background	<input type="checkbox"/> 22 African, African Scottish	

SEXUAL ORIENTATION

What is your sexual orientation? (please tick)

<input type="checkbox"/> 1 Heterosexual/straight	<input type="checkbox"/> 4 Bi/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

GENDER IDENTITY

Does your gender match your sex as registered at birth?

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

Have you ever identified as a Trans person?

A person who identifies with or expresses a gender identity that differs to their sex at birth.

Yes No Prefer not to say

RELIGION

What is your religion? (please tick)

<input type="checkbox"/> 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	

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 credits 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 the College will hold and process the information in connection with provision of the course(s) you have enrolled for and to meet its obligation to provide statistical data to the Scottish Funding Council (SFC) and in response to requests under information legislation. The College will use the information for internal purposes and may also supply to the following external bodies for education, training, employment and well-being related purposes, including for research: West Lothian College Student Association, CAPITA Further and Higher Education, Scottish Funding Council, Scottish Government, College Development Network, Colleges Scotland, Skills Development Scotland, Scottish Qualifications Authority, Education Scotland, City & Guilds, Edinburgh Napier University, Queen Margaret University, Institute of Leadership and Management, Excellence, Achievement and Learning Limited, Scott Moncrieff, Student Awards Agency for Scotland, Student Loans Company and Workers Educational Association. The College and all bodies listed will comply with their obligations in accordance with Data Protection Legislation.

Statistical personal information will be shared with the Scottish Funding Council to allow them to allocate appropriate funding to colleges in line with Scottish Government strategies and their statutory duties. For more information on how the Scottish Funding Council use your personal data please see their FE student privacy policy on their website at <http://sfc.ac.uk/about-sfc/how-we-operate/access-information/access-information.aspx>

West Lothian College would like to share your contact details with the West Lothian College Student Association. This will ensure that you are eligible for support, representation and have up to date information on workshops, courses, events and job opportunities.

Please tick if you wish to share your contact details with the Student Association Email SMS Post

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.

Please tick if you wish to receive future offerings at West Lothian College

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

Student Signature

Date

Staff Signature

Date