

SUPPORT

Do you have a need for additional support?

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.

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

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

Do you have caring responsibilities?

(do you have unpaid caring responsibilities for a family member or friend who is ill, frail, disabled or has a mental health or addition problems?)

- 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"/> If you have a disability, impairment or medical condition that is not listed above, please state this in the box opposite: | |

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 identity 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

DISABLED STUDENTS ALLOWANCE (HE students only)

| | | | |
|---|--|---|--|
| No disability | | Have a disability but information about disabled students allowance is not known/not sought | |
| Have a disability and in receipt of disabled students allowance | | Prefer not to say | |
| Have a disability but not in receipt of disabled students allowance | | Information unknown | |

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 statutory duties and functions, including providing data to the Scottish Funding Council (SFC). 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>

The College will use the information for academic and management planning purposes and we also share with external bodies for education, training, employment and well-being related funding and audit purposes. These bodies include: West Lothian College Student Association, CAPITA Further and Higher Education, Microsoft for provision of College email, Scottish Government (SG), Education Scotland, College Development Network, Colleges Scotland, Skills Development Scotland, Awarding Bodies such as Scottish Qualifications Authority, City & Guilds, some Scottish Universities, Institute of Leadership and Management, Excellence, Achievement and Learning Limited, Scott Moncrieff, Student Awards Agency for Scotland, Student Loans Company, West Lothian College and Workers Educational Association.

The College complies with data protection law and a full enrolment privacy notice is available here <https://www.west-lothian.ac.uk/privacy-notice-for-course-enrolments/> This notice explains all of your rights, the purposes and legal basis, how long we hold your data, who we share with etc.

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

Personal Email

College Email

Please tick if you wish to receive future offerings and marketing information from 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

Staff Name

(please print)