

Enrolment Form 2022-23

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

Title: Student ref:
eg Mr, Mrs, Miss, Ms, Mx etc

First name(s): Surname:

Date of Birth: Preferred Pronouns: He/Him She/Her They/Them

Course Title:

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

Course Ref:

Source of Finance: Student Category:

Part Input:
 Full Input:
 Finance:

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PERSONAL DETAILS

(Please tick as appropriate)

What is your sex? Male Female 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

Please tick if 'Yes'

(someone who no longer has the support of, or contact with their family)

Are you a Service student? Please tick if 'Yes'
 (a person who has a parent or carer who served or is serving in the regular or reservist British Armed Forces at any point during the first 25 years of that person's life)

Are you a Veteran? Please tick if 'Yes'
 (anyone who has served for at least one day in Her Majesty's Armed Forces (regular or reserve) or Merchant Mariners who have seen duty on military operations)

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: Mobile no:

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

PERMANENT HOME CONTACT DETAILS

Home address:

City/Town:

Post code:

Telephone no:

NEXT OF KIN DETAILS

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

Name:

Relationship:
eg partner, mother, father, friend, etc

Telephone no:

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 pay the balance and/or bring 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 care experienced? (ie have you ever been looked after or in the care system?)

Yes No Prefer not to say If you answer 'Yes' we may contact you to offer additional support.

Which type of care setting have you most recently lived in? Secure care - living in a secure unit
 Residential care – living in a residential house or school Foster care – living with foster parents Prefer not to say
 Kinship care – living with a family friend or relative (other than your mum or dad)
 Looked-after at home and attending Children’s Hearings – with the help of social work

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 addiction problem?)

I do not have caring responsibilities I care for a child/children aged under 18
 I care for a disabled 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"/> If you have a disability, impairment or medical condition that is not listed above, please state this in the box opposite:
<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

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 (Only answer if aged 16 and over)

Is your gender identity the same as you were registered at birth?

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

TRANS STATUS OF STUDENT (Only answer if aged 16 and over)

Do you consider yourself to be trans or have a trans history?

Yes No Prefer not to say

TRANS STATUS OF STUDENT (If yes to the previous question):

If you would like to, please describe your trans status (for example non-binary, trans man, trans woman)?

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)