

Date Stamp

Form Received

College Use Only - Applicant ID



If you need help in completing this form, or require another format, please telephone 0131 559 4000.

Please return to: Administration Support, Edinburgh's Telford College, 350 West Granton Road, Edinburgh EH5 1QE

Please complete in capital letters using blue or black ink and tick appropriate boxes.

1. Personal Details

ALL APPLICANTS

Have you enrolled on a Telford course in the last 5 years? Yes

If so, have you changed your name or address? Yes

If YES, please give details.....

Title: Mr / Mrs / Miss / Ms / Other:..... Surname:.....

First Name & Initial(s):.....

Permanent Home Address:

Postcode:..... email:.....

Tel No Day:..... Eve:..... Mob:.....

Term Address / School (for school pupils):.....
(if different from above)

Postcode:..... Tel No (Day):..... Tel No (Eve):.....

Date of Birth:

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 Male Female Nationality:.....
d d m m y y

Scottish Candidate Number

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 (This is on your SQA/SCOTVEC Certificate)

How long have you been living in Scotland: or in the UK?:.....

Please state the country which is your permanent home:.....

I Am an Iraqi National with Access Under LESAS

Reason for entry to the UK:..... Date of entry to the UK:.....
(Education/Work etc)

Emergency Contact Name: Relationship:..... Tel No:.....

2. Course Details

ALL APPLICANTS

(in order of preference)

Attendance Code
(please see below)

1

2

3

Attendance Codes

(Not all courses are available on every mode of attendance: please check the prospectus/website for availability of preferred attendance pattern.)

FT - Full-time

OL - Open Learning

WBL - Workbased Learning

PTD - Part-time Day

DR - Day Release

EVE - Evening

OLL - Online Learning

BR - Block Release

SAT - Saturday

3. Additional Information

ALL APPLICANTS

This information is required by the Scottish Funding Council and will also be used to help us monitor recruitment from under represented groups.

The Equality Act 2010 describes a disabled person as “anyone who has a physical, sensory or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities”.

DISABILITY (Please tick if any apply to you):

- | | | |
|---|---|---|
| 01 <input type="checkbox"/> No known disability | 05 <input type="checkbox"/> Wheelchair user / mobility difficulties | 09 <input type="checkbox"/> Multiple disabilities |
| 02 <input type="checkbox"/> Dyslexia | 06 <input type="checkbox"/> Personal care support | 10 <input type="checkbox"/> Disability not listed |
| 03 <input type="checkbox"/> Blind / partially sighted | 07 <input type="checkbox"/> Mental health difficulties | 97 <input type="checkbox"/> Information refused |
| 04 <input type="checkbox"/> Deaf / hearing impairment | 08 <input type="checkbox"/> Unseen disability eg diabetes, epilepsy, asthma | |

The Learner Services team supports all students who may need extra help with their studies. If you require learner support, have health issues or are taking medication that the College may need to know about before you start the course please tick the relevant box.

Learner support need Health problems or medication Looked After

The College is committed to supporting all students, ticking these boxes will not affect your application. You will be contacted by a member of Student Services to discuss the support available.

ETHNIC GROUP: I am

- | | | |
|---|---|---|
| 22 <input type="checkbox"/> African (Black, Black Scottish/British) | 13 <input type="checkbox"/> Irish (White) | 23 <input type="checkbox"/> Other (Black, Black Scottish/British) |
| 18 <input type="checkbox"/> Bangladeshi (Asian, Asian Scottish/British) | 15 <input type="checkbox"/> Mixed | 24 <input type="checkbox"/> Other (Other Ethnic Background) |
| 21 <input type="checkbox"/> Caribbean (Black, Black Scottish/British) | 11 <input type="checkbox"/> English (White) | 14 <input type="checkbox"/> Other (White) |
| 19 <input type="checkbox"/> Chinese (Asian, Asian Scottish/British) | 10 <input type="checkbox"/> Scottish (White) | 98 <input type="checkbox"/> Information refused |
| 17 <input type="checkbox"/> Pakistani (Asian, Asian Scottish/British) | 12 <input type="checkbox"/> Welsh (White) | |
| 16 <input type="checkbox"/> Indian (Asian, Asian Scottish/British) | 20 <input type="checkbox"/> Other (Asian, Asian Scottish/British) | |

STUDENT CATEGORY: When I start my course I will be:

- | | |
|---|---|
| <input type="checkbox"/> School Based - S1 S2 S3 S4 S5 S6 (please circle) | 18 <input type="checkbox"/> Retired |
| 11 <input type="checkbox"/> Permanent or Temporary Employment | 19 <input type="checkbox"/> P1 - P7, S1 - S6 But not on a school link programme |
| 12 <input type="checkbox"/> Registered Unemployed - receiving Job Seekers Allowance | 20 <input type="checkbox"/> Migrant Worker |
| 13 <input type="checkbox"/> Registered Unemployed - not receiving Job Seekers Allowance | 21 <input type="checkbox"/> Winter Leaver |
| 14 <input type="checkbox"/> Not registered unemployed / not working | 08 <input type="checkbox"/> Student on YT/Skillseekers/New Deal/Modern Apprenticeship |
| 17 <input type="checkbox"/> Primary School Pupils | 09 <input type="checkbox"/> Student on other government training scheme |

4. Payment of Course Fees

ALL APPLICANTS

Who will pay your tuition fees? Please refer to College Funding leaflet and tick only one of the boxes.

- | | |
|--|---|
| <input type="checkbox"/> I will apply to SAAS (Student Awards Agency for Scotland)
(Full-time Scottish and EU students HNC/D & Advanced Diploma courses) | <input type="checkbox"/> My employer will pay my fees.
(Please complete details below and your employer's letter of confirmation must be enclosed) |
| <input type="checkbox"/> I will apply to my Local Authority.(Full time non-Scottish UK students) | Company Name:..... |
| <input type="checkbox"/> I am taking a full time course which is not an HNC, HND or Advanced Diploma but will be applying for my fees to be paid. | Address:..... |
| <input type="checkbox"/> I am applying through my school | |
| <input type="checkbox"/> I will pay my fees | |
| <input type="checkbox"/> I am applying for exemption from paying tuition fees | Contact Name:..... |
| <input type="checkbox"/> I am applying for ILA 200 ILA Acct. No: _____ | Tel No:..... |
| <input type="checkbox"/> I am applying for SAAS 500 (ILA) ILA Acct. No: _____ | |

For funded programmes please tick appropriate box and enter your National Insurance Number.

Skillseeker (including MA and GRFW) Other Government Training Scheme New Deal European Funding (ESF)

National Insurance Number

Training Provider Name of Training Provider:.....
(eg CITB, BEST, SP Training) Address:.....
.....
..... Postcode:.....
Contact Name:..... Tel No:.....

8. Reference *Some part time courses require a reference - the College will contact you for this information.* **APPLICANTS FOR FULL-TIME COURSES AND SCHOOL STUDENTS ONLY**

If you are a school leaver, or are applying through your School, please pass this form to your Guidance teacher to complete and send to the College. Other applicants please give contact details of your referee.

Name of Referee:..... How do you know the referee?
 Personal / Professional

Address:.....

Postcode:..... Tel No (Day):..... email:.....

Report (to be completed by Guidance Teacher) **SCHOOL STUDENTS ONLY**

Applicant's suitability for the course:.....

.....

.....


Attendance: Session..... Actual:..... Possible:..... Signature:..... Date:.....

9. Declaration **ALL APPLICANTS**

I confirm that the information given is, to the best of my knowledge, correct and complete.

Signed:..... Date:.....

Parent/ Legal Guardian (if under 16):.....

 The information you have provided is protected by the Data Protection Act 1998 and will be used only in the processing of applications. This information will not be disclosed to a third party without your consent.

Your application will be acknowledged within 10 working days of being received in the College.

IF YOU HAVE NOT HEARD FROM US BY THIS TIME PLEASE TELEPHONE 0131 559 4000

THANK YOU FOR CHOOSING TO STUDY AT EDINBURGH'S TELFORD COLLEGE.

COLLEGE USE ONLY

	Course	Ack. Letter	INTERVIEW / OFFER					
			Letter	Time	Date	Credits	Result	Letter
1								
2								
3								

RESULT *Full (F) Conditional (C) Reserve (Res) Refuse (Ref)*

NOTES

Staff Signature..... Staff Name.....

Date.....