

Application Form

Session 2007 / 2008

Date Stamp

Form Received

College Use Only - Applicant ID



If you need help in completing this form please telephone **0131 559 4000**.

Please return to **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:

--	--	--	--	--	--

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

Scottish Candidate Number

--	--	--	--	--	--	--	--	--	--

 (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:.....

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)

- 1
- 2
- 3

Attendance Code
(please see below)

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

**Attendance
Codes:**

FT - Full-time

PTD - Part-time Day

OLL - Online Learning

OL - Open Learning

DR - Day Release

BR - Block Release

WBL - Workbased Learning

EVE - Evening

SAT - Saturday

3. Additional Information

ALL APPLICANTS

This information is required by the Scottish Further Education Council.

We will also use this information to help us monitor recruitment from under represented groups.

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 | 98 <input type="checkbox"/> Information unknown |

Do you have any health problems or are you taking any medication that the College may need to know about before you start the course? YES ☐ NO ☐

The College has a Student Services support team for all students who may need extra help with their studies

Do you have a Learner Support need? YES ☐

The College is committed to supporting all students and ticking these boxes will not affect any decision made about your application. You will be contacted by a member of Student Services to discuss what support is 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) | 99 <input type="checkbox"/> Information unknown |
| 16 <input type="checkbox"/> Indian (Asian, Asian Scottish/British) | 20 <input type="checkbox"/> Other (Asian, Asian Scottish/British) | |

STUDENT CATEGORY: I am

- | | |
|---|---|
| <input type="checkbox"/> School Based - S3 S4 S5 S6 (please circle) | 13 <input type="checkbox"/> Registered Unemployed - not receiving Job Seekers Allowance |
| 07 <input type="checkbox"/> European Exchange | 14 <input type="checkbox"/> Not registered unemployed / not working eg retired |
| 10 <input type="checkbox"/> Full-time College Based | 17 <input type="checkbox"/> Primary School Pupils |
| 11 <input type="checkbox"/> Permanent or Temporary Employment | 18 <input type="checkbox"/> Retired |
| 12 <input type="checkbox"/> Registered Unemployed - receiving Job Seekers Allowance | 19 <input type="checkbox"/> S1 - S6 But not on a school link programme |

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.

- ☐ I will apply to SAAS (Student Awards Agency for Scotland).
(Full-time **Scottish and EU students** HNC/D & Advanced Diploma courses)
- ☐ I will apply to my Local Authority. (Full time **non-Scottish UK students**)
- ☐ I am taking a full-time non advanced course (NC / SVQ / SGA).
- ☐ I am applying through my School.
- ☐ I will pay my fees
- ☐ I am applying for exemption from paying tuition fees.

☐ **My employer will pay my fees.**

(Please complete details below and your employer's letter of confirmation must be enclosed)

Company Name:.....

Address:.....

.....

Contact Name:.....

Tel No:.....

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

Skillseeker (including MA and GRFW) ☐ Training for Work ☐ New Deal ☐ European Funding (ESF) ☐

National Insurance Number

Training Provider ☐
(eg CITB, BEST, SP Training)

Name of Training Provider:.....

Address:.....

.....

.....Postcode:.....

Contact Name:.....Tel No:.....

5. Education				ALL APPLICANTS	
If you have left full time education in the last 5 years please give details					
Name of Institution.....Year left or leaving.....					
Please enter the level of the highest qualification you hold (eg SVQ Level 2, HND, Degree etc) Title:.....					
I do not hold any qualifications at present <input type="checkbox"/>					
QUALIFICATIONS DETAILS					
Awarding Body (eg SQA, C&G)	Year	Course / Subject	Level/ Grade	Result (if known)	

6. Other Relevant Information		ALL APPLICANTS
Please add any relevant information in support of your application		
.....		
.....		
.....		
.....		
.....		
.....		

7. Student Services		
I would like information about: Accommodation <input type="checkbox"/> College Nursery <input type="checkbox"/> Finance <input type="checkbox"/>		

8. Market Research	
How did you hear about the College?	
.....	

9. 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**

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

.....

.....

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


10. Declaration **ALL APPLICANTS**

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

(If you are under 16 years of age please ask a parent or legal guardian also to sign this form.)

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. From time to time we will send you information on College courses and services.

If you wish to receive this information in the future, please tick this box. ☐

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

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

NOTES

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

Date.....