

04 ACADEMIC INFORMATION

Qualifications Achieved: No. List Subjects

SQA National Units

'H' Grades Level A-C

Intermediate 1/2 Level A-C

Standard Grades Level 1-3

Standard Grades Level 4-5

Standard Grades Level 6-7

Other Qualifications:

Level	Title
<input type="text"/>	<input type="text"/>

Qualifications Pending: No. List Subjects

'H' Grades

Intermediate 1

Intermediate 2

Standard Grades

Other

Please give any further information e.g. previous employment, relevant experience, future career aims, hobbies or special interests.

05 EMPLOYMENT AND FUNDING

What is your Employment Status?

Not in Employment
Education/Training

Employed
(over 16hrs/wk)

Employed
(under 16hrs/wk)

Registered
Unemployed

06 ETHNIC ORIGIN

Please indicate your origin by ticking the appropriate box (information required for statistical purposes).

White Scottish	<input type="checkbox"/> 10	White English	<input type="checkbox"/> 11	White Welsh	<input type="checkbox"/> 12
White Irish	<input type="checkbox"/> 13	Any other White background	<input type="checkbox"/> 14	Any mixed background	<input type="checkbox"/> 15
Indian	<input type="checkbox"/> 16	Pakistani	<input type="checkbox"/> 17	Bangladeshi	<input type="checkbox"/> 18
Chinese	<input type="checkbox"/> 19	Any other Asian background	<input type="checkbox"/> 20	Black Caribbean	<input type="checkbox"/> 21
Black African	<input type="checkbox"/> 22	Any other Black background	<input type="checkbox"/> 23	Any other background	<input type="checkbox"/> 24

07 STUDENT SUPPORT

As the college wishes to assist and support all students, please give details of any additional support needs or special arrangements.

No Known Disability	<input type="checkbox"/> 01	Dyslexia	<input type="checkbox"/> 02	Blind/Visually Impaired	<input type="checkbox"/> 03
Deaf/Hearing Impaired	<input type="checkbox"/> 04	Wheelchair/Mobility Difficulties	<input type="checkbox"/> 05	Personal Care/Support	<input type="checkbox"/> 06
Mental Health Difficulties	<input type="checkbox"/> 07	Diabetes	<input type="checkbox"/> 08	Epilepsy	<input type="checkbox"/> 08
Asthma	<input type="checkbox"/> 08	Multiple Disabilities	<input type="checkbox"/> 09	Other	<input type="text" value="10"/>
Is English your first language?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		

08 ADDITIONAL INFORMATION

Please provide details of how you found out about the college.

College Course Guide	<input type="checkbox"/>	Outdoor Advertising	<input type="checkbox"/>	Information Day	<input type="checkbox"/>	School	<input type="checkbox"/>
Press	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Careers Office	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Community	<input type="checkbox"/>	Other – please specify	<input type="text"/>				

09 CHILD CARE

Do you require Child Care? Yes No

If yes, you are required to complete a child care application form, which will be sent to you upon receipt of this application form.

10 DECLARATION

The details in this form are correct to the best of my knowledge and belief. Under the Data Protection Act 1998, I acknowledge that this data will be held on computer and processed as necessary. It may be shared with relevant organisations including examining bodies.

At no time will your personal information be passed to organisations for marketing or sales purposes although the College may use it internally to improve the service we offer students. Coatbridge College is continually striving to improve your learning experience as well as planning for the future. From time to time you may be approached by the College to take part in research and surveys to assist with this. Tick this box if you do NOT want to be contacted in respect of such surveys.

We would like to share the following information about you with Skills Development Scotland (SDS) – Name, Address (including Postcode), Date of Birth, Course Code details and Scottish Candidate Number. Should you leave your course prior to its completion, this will allow SDS to contact you to offer advice and support. It will also allow SDS to conduct research and analysis into student destinations.

Tick this box if you do NOT want us to share this information with Skills Development Scotland.

Applicant's Signature Date

Please return your completed Application Form to:

Student Admissions, Freepost RRAL-LSBC-BKUR, Coatbridge College, Kildonan Street, COATBRIDGE ML5 3LS

11 COURSE DETAILS – TO BE COMPLETED BY LECTURER

Course/Class Code – Enrolment Date Total Credits Title

Subject attachments – to be completed by Course Organiser/Tutor

Use this section to amend any enrolments

Add/Del	Type	Subject Code	Occ	Add/Del	Type	Subject Code	Occ

12 FEE INFORMATION – TO BE COMPLETED BY FINANCE

Mode of Attendance Category Finance Source Fee code Amount £ Invoice Required? Yes No ILA Supported? Yes No

Who is responsible for payment of Fees?

Employer Bursary Grant Student Skill Seeker/Modern Apprenticeship/Scottish Enterprise Waiver School Letter ESF Funded For Office Use Only
Verified by:

13 STUDENT AGREEMENT

I can confirm that I have read and understood the above and that the information given on this form is true and accurate to the best of my knowledge. As a student of Coatbridge College I agree to honour the payment of fees.

ILA supported students should note that full compliance with ILA rules is required to achieve ILA funding. Failure to comply will result in the full fee being charged to you.

Student's Signature Class Lecturer's Signature Date Date

14 FOR OFFICIAL USE ONLY

Departmental Use:	1	2	3	4	5	6	7	8	9	10	11	12	Date	Details for Letter
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Admissions Use:	1	2	3	4	5	6	7	8	9	10	11	12	Time	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Session	Std Ref No	Course Code	Proc By	Date