Student ID
COLLEGE USE

Business & Community Development - Distance Learning Courses

STUDENT ENROLMENT FORM – Session 2018/2019

PERSONAL DETAILS **(Please complete this form clearly and in block capitals)**

Surname:	Forename(s):	Title:	Date of Birth:	Sex: ☐ Male (including trans male) ☐ Female (including trans female) ☐ Other / In another way

Permanent Home Location – Enter Code: _____ 100 Aberdeen City 110 Aberdeenshire 120 Angus 180 Dundee 230 Edinburgh 240 Falkirk 250 Fife 260 Glasgow 270 Highland 300 Moray 340 Perth & Kinross 400 West Lothian **Other:** _____	Ethnic Group – Enter Code: _____ 10 Scottish; 11; English; 12 Welsh; 13 Irish; 14 Other White background; 1 5 Any Mixed background; 16 Indian, Indian Scottish, Indian British; 17 Pakistani, Pakistani Scottish, Pakistani British; 18 Bangladeshi, Bangladeshi Scottish, Bangladeshi British; 19 Chinese, Chinese Scottish; Chinese British; 20 Other Asian background; 21 Caribbean, Caribbean Scottish, Caribbean British; 22 African, African Scottish, African British; 23 Other African background; 24 Any other background; 30 Northern Irish; 31 British; 32 Gypsy/Traveller; 33 Polish; 34 Arab, Arab Scottish, or Arab British; 35 Black, Black Scottish or Black British; 36 Other Caribbean or black background
Nationality:	
SQA Candidate Number (If known):	

ADDRESS DETAILS

Home Address (Certificates gained will be sent to this address)

Postcode	
Home Telephone	
Mobile Number	
Email Address	

Employer Address

Postcode	
Telephone	
Email Address	

SEND PACK TO: **HOME** ☐ **WORK** ☐

ENROLMENT DETAILS – ***Please note: If course is an SQA Higher National (HN) Unit, you will need to complete the Additional Information form***

Course Title:	**Course Code:**	**Course Fee:** All students registering for SQA HNC/HND courses must pay SQA Admin fees. These fees are paid once, on entry to each SQA advanced course. Alternatively, students pay a single unit (subject) fee on entry to each unit.

Source of Finance for Student:	**Student Category**:
❑ 10 UK Industry and Commerce (Employer Paying)	❑ 11 Permanent or Temporary Employment
❑ 14 Self Financing Student	❑ 12 Registered Unemployed – receiving Jobseekers Allowance
❑ Fee Waiver Enter code ____	❑ 13 Registered Unemployed – not receiving Jobseekers Allowance
❑ Other _____	❑ 14 Not Registered Unemployed but not working

PREVIOUS SCHOOL

School Name and Address (mandatory for Students under 20 years of age at enrolment):

IMPORTANT - PLEASE READ CAREFULLY

By proceeding to enrol as a student of North East Scotland College, you will enter into a contract with the College and will be bound by the College's Terms & Conditions of Study which are available on notice boards throughout the College, the College website, Blackboard (the College's online student portal), the College's Student Advice Centres or on request.

JOINT LIABILITY FOR ALL FEES

The Employer and student (as employee) shall be responsible for all fees due to and asked for by the College both jointly and severally. That is to say in the event that said fees are not paid by the employer either in whole or in part, the student shall be fully responsible for payment of said fees.

DATA PROTECTION

Our privacy notices provide you with more explanation on how we use your personal information in different circumstances. For instance, you should be aware that statistical personal information will be shared with the Scottish Funding Council to allow them to allocate appropriate funding to colleges in line with Scottish Government strategies and their statutory duties. We have recently updated our privacy notices and you can find a copy at https://nescol.ac.uk/data-protection or ask at the Student Advice Centre.

The College may wish to contact you for marketing purposes. If you wish to be contacted for marketing purposes please tick this box □ (We will be unable to provide you with information about courses that may be of interest if you do not tick this box). At no time will your personal information be passed to other organisations for marketing or sales purposes.

Applicant's Declaration – All students MUST complete this section.

I understand that I will need to meet the costs of any exam registration(s), certification(s) or additional staff support.

In signing this form, I have read the overleaf and I am entering into a contract with North East Scotland College. I agree to be bound by North East Scotland College Student Terms and Conditions of Study.

Signature: _____ **Date:** _____

STUDENT EQUAL OPPORTUNITIES MONITORING

North East Scotland College is committed to a policy of equal opportunities and seeks to ensure that no individual is discriminated against on the grounds of the protected characteristics of gender, race, religion or belief, sexual orientation, age, disability, maternity and pregnancy, marriage and civil partnership and gender reassignment.
To assist in monitoring the policy, and for the purpose of complying with the specific duties of **The Equality Act 2010**, it would be helpful if you could answer the following questions. We will also use the information you provide on Gender, Ethnicity and Disability elsewhere on this form. The information provided will be kept secure and used only for monitoring purposes.

Religion or Belief: *(please choose appropriate status below)*

☐ **Buddhist** ☐ **Christian: Protestant** ☐ **Christian: Other** ☐ **Hindu**
☐ **Jewish** ☐ **Muslim** ☐ **Christian: Catholic** ☐ **Sikh**
☐ **No Religion/Belief** ☐ **Another religion or body** ☐ **Prefer not to say**

Sexual Orientation: *(please choose appropriate status below)*

☐ **Heterosexual/Straight** ☐ **Gay Man** ☐ **Gay Woman/Lesbian** ☐ **Bi/bisexual**
☐ **Other** ☐ **Prefer not to say**

Gender Identity of Student: *(please choose appropriate status below)*

Does your gender match your sex as registered at birth? ☐ **Yes** ☐ **No** ☐ **Prefer not to say**

Disability and Groups of Specific Interest *(please choose appropriate status below)*

Do you have a disability? ☐ **Yes** ☐ **No** **Are you in receipt of Disability Allowance?** ☐ **Yes** ☐ **No**

If you have a disability please tick the relevant categories below:

☐ **A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D**
☐ **A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder**
☐ **A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy**
☐ **A mental health condition, such as depression, schizophrenia or anxiety disorder**
☐ **A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches**
☐ **D/deaf or hearing impairment**
☐ **Blind or a serious visual impairment uncorrected by glasses**
☐ **A disability, impairment or medical condition that is not listed above**
☐ **A specific learning disability such as Down's Syndrome**

Groups of Specific Interest (please tick appropriate box):

☐ **Afghan Locally Employed Staff** ☐ **Asylum Seekers**
☐ **Bereaved Children Scheme** ☐ **Estranged Person**
☐ **Iraqi Direct Entry Assistance Scheme** ☐ **Person Granted Discretionary Leave to Remain**
☐ **Person Granted Humanitarian Protection** ☐ **Profound and Complex Needs**
☐ **Refugees** ☐ **Stateless Person**
☐ **Syrian Vulnerable Persons Relocation Scheme (VPRS** ☐ **Veterans**
☐ **Care Experienced (previously Care Leavers & Looked After Children who have been in care e.g. residential, foster or family kinship care, supported by a Through Care After Care team etc.)**

Young Carers/Caring Responsibilities:
Do you provide unpaid caring responsibilities to family or friends who could not manage without your help e.g. someone experiencing illness, disability etc. (Please note this refers to caring beyond normal parenting duties)?
Yes ☐ **No** ☐

If you answered Yes, to Caring Responsibilities, please tick appropriate box. Who do you care for?
☐ **Disabled Child/Children under 18** ☐ **Child/Children under 18** ☐ **Adult(s) 18 and over** ☐ **Prefer not to say**

Marriage/civil partnership status: (please choose appropriate status below)

☐ **Married** ☐ **In a same-sex civil partnership** ☐ **Other** ☐ **Prefer not to say**

First or preferred language: (please choose appropriate status below)

☐ **English** ☐ **Gaelic** ☐ **British Sign Language (BSL)** ☐ **Any other National Language** ☐ **Prefer not to say**

College Parking Facilities: Altens/Fraserburgh Campus Students Only:
If you are using the College Parking, please provide your vehicle registration: _____

Thank you for your co-operation in completing this form.

A) Employer Sponsor Details and Financial Approval **(If course fees are being sponsored by a third party e.g. employer)**

Employer / Sponsor Name:	
Company Registration Number:	
Customer Account Code (college use)	
A/C Payable Contact Name:	
A/C Payable Email Address:	
Address:	
Postcode:	
Telephone Number (Including Code)	
Reports to be sent to Employer/Sponsor?	❑ Yes ❑ No

Purchase Order Number: Please attach Purchase Order to this application form

PAYMENT TERMS ARE 30 DAYS NETT. ANY ADDITIONAL OR DIFFERENT TERMS PROPOSED BY THE BUYER SHALL NOT BE BINDING.

The organisation named above hereby agrees to pay all fees incurred by the applicant listed under section "Personal Details". On signing this booking form, the company agrees to be credit checked. If the company fails the credit check, all fees must be paid prior to the booking being processed.

Name (PRINT): _____ **Designation:** _____

Signature: _____ **Date:** _____

B) REMISSION OF FEES

I wish to claim remission of fees and enclose proof of entitlement (tick) „

Current evidence of eligibility must be submitted with this form (see Part-time Guide for more information). For state benefits, evidence must be dated within the last 4 weeks.
Student Declaration

I claim for remission of fees for the course identified, in accordance with the College's Fee Remission Policy.

Signature: _____ **Date:** _____

(FOR COMPLETION BY STAFF ONLY)

Category of Remission: _____ **Proof of Entitlement:** _____

Declaration

The above named student has been accepted for remission of fees for the course detailed above on the basis of evidence submitted to prove eligibility. A copy of the evidence submitted is attached

Signature (College Staff): **Date:**

D) STUDENT RESPONSIBLE FOR FEES

✂ .....

PAYMENT OF FEES

I enclose a Cheque/Postal Order No: _____ for £ _____ in full payment.

Please make ALL cheques/Postal Orders payable to **NORTH EAST SCOTLAND COLLEGE**. Please do not send cash.

Alternatively, you can pay by credit card (Access/Euro card/MasterCard/Visa) or debit card (Delta/Switch)

Card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Issue No ☐ Security Number ☐☐☐

Expiry ☐☐☐☐☐☐ Valid from ☐☐☐☐☐☐

Signature of card holder: _____ **Date:** _____

UNFORTUNATELY WE ARE UNABLE TO ACCEPT ELECTRONIC SUBMISSION OF THIS FORM. PLEASE RETURN YOUR SIGNED AND DATED FORM BY POST OR IN PERSON TO THE FOLLOWING ADDRESS;

Admissions Department, North East Scotland College, FREEPOST RTJJ-TXBA-AEZS, Aberdeen City Campus, Gallowgate, Aberdeen, AB25 1BN