

# Full Time Course Application Form



## Office use only

Date Stamp

I.D. No:

References Requested:

## Courses applied for

1st Choice	<input type="text"/>	Dumfries <input type="checkbox"/>	Stranraer <input type="checkbox"/>
2nd Choice	<input type="text"/>	Dumfries <input type="checkbox"/>	Stranraer <input type="checkbox"/>

## Personal details

Title: (Mr/Mrs/Miss/Ms/Other):	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:	<input type="text"/>			
First Name(s):	<input type="text"/>	Surname:	<input type="text"/>				
Previous Surname (if any):	<input type="text"/>						
Address:	<input type="text"/>						
	<input type="text"/>						
Postcode:	<input type="text"/>	Home Tel:	<input type="text"/>				
Mobile:	<input type="text"/>	Email:	<input type="text"/>				
Have you ever been a Student at Dumfries and Galloway College before?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you have attended the college before and your address has changed since then, please provide your previous address:							
<input type="text"/>							

## Where did you hear about the College?

School <input type="checkbox"/>	Friend <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Radio <input type="checkbox"/>	Careers Scotland <input type="checkbox"/>	Family <input type="checkbox"/>
Other – please specify: <input type="text"/>					

## Equal Opportunities - Ethnic Origin

Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Irish <input type="checkbox"/>	Welsh <input type="checkbox"/>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other (please Specify) <input type="text"/>					
Please specify any particular arrangements you require due to cultural or religious beliefs:							
<input type="text"/>							
What country are you from?		<input type="text"/>	What is your first language?		<input type="text"/>		
Have you lived in the United Kingdom for the last 3 years?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'no' where did you live before coming to the UK?			<input type="text"/>	Do you require English language support? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Disability or Learning Support Need

Please indicate any disability/or additional support need by ticking the appropriate box:

No Disability	<input type="checkbox"/>	Wheelchair User/Mobility Difficulties	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Personal Care Support	<input type="checkbox"/>	Other	<input type="checkbox"/>
Blind/Partially Sighted	<input type="checkbox"/>	Mental Health Difficulties	<input type="checkbox"/>	Support with English and/or Maths	<input type="checkbox"/>
Deaf/Hearing Impairment	<input type="checkbox"/>	Unseen Disability	<input type="checkbox"/>		

Do you require support for this disability/learning need when you are at College?  Yes  No

## Qualifications Achieved/Pending (Please continue on a separate sheet of A4 paper if necessary)

Subject	Level (S.G. Higher/HNC etc)	Grade	Year Taken

Other details - Any other relevant information you would like to add to support your application: (Continue on a separate sheet of A4 paper if necessary)

References - We cannot accept references from family members. Two references are required for all applications.

Name:

Address:

Tel No.:

Email:

Name:

Address:

Tel No.:

Email:

### Statement

By providing information and signing this form you confirm that the information is correct and consent to the College holding and processing your data for purposes connected with the Colleges Statutory and business requirements. Data on this form will be used only in accordance with the College's notification under the Data Protection Act 1998 and in compliance with the Freedom of Information Act (Scotland) 2002.

You have a right to a copy of personal information about you held by the college. Should you require a copy please contact the Student Records office at the Crichton on Tel 01387 734072.

If you are between the ages of 15 and 19 the College would like to share information about you with Skills Development Scotland (SDS), Careers Office or the local Education Authority. If you would prefer that we did not share this information with these third parties please tick the box.

Declaration/Signature - Your signature or if appropriate that of your guardian or authorised representative.

I declare that I have checked the information on this form and that it is correct.  
Signature

Date

Please send the completed application form to the relevant campus (no stamp required):

Dumfries: - Freepost RRY5-ZGBC-BETL, Dumfries and Galloway College, Admissions Department, College Gate, Bankend Road, Dumfries, DG1 4FD. (Tel: 01387 734059/734060)

Stranraer: - Admissions, Dumfries & Galloway College, Freepost SC05356, Stranraer, DG9 7BR. (Tel: 01776 706633)