

## Personal Information

First Name	<input type="text"/>	D.O.B	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Last name (Family)	<input type="text"/>	Nationality	<input type="text"/>
Address	<input type="text"/>	Tele No.	<input type="text"/>
	<input type="text"/>	Mobile No.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	<input type="text"/>

How long have you lived in the UK?  Years  Months

Please indicate your residency status by ticking one of the following. You will be asked to provide proof of your status when you attend College.

- |   |  |                                   |
|---|--|-----------------------------------|
| 1. UK/EU Citizen or Dependent <input type="checkbox"/>                          | 4. Work Visa or Dependent <input type="checkbox"/> | 6. Other <input type="checkbox"/> |
| 2. Asylum / Temporary Admission / Refugee or Dependent <input type="checkbox"/> | 5. Student Visitor Visa <input type="checkbox"/>   |                                   |
| 3. Student Visa or Dependent <input type="checkbox"/>                           | If 'Other' please specify _____                    |                                   |

Please note that if you have ticked 3, 4, 5 or 6 you will be charged a fee for your course.

## Equal Opportunities

This information will help us to ensure that our equality policy is effective.

(a) Gender (please tick) M  F

(b) Ethnic Origin (please tick)

• Asian, Asian Scottish, or Other Asian British

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background (please write below)

\_\_\_\_\_

• White

Scottish  English  Welsh  Irish

Any other White background (please write below)

\_\_\_\_\_

• Black, Black Scottish or Other Black British

Caribbean  African

Any other Black background (please write below)

\_\_\_\_\_

• Mixed / Other Ethnic Background

Any other Mixed / Other background (please write below)

\_\_\_\_\_

### For College Use Only

Language Test Level \_\_\_\_\_ Test Date: \_\_\_\_\_

Courses to be offered (Course Title, am /pm /evening) \_\_\_\_\_

Confirm status / Docs seen \_\_\_\_\_ Fee: Yes / No \_\_\_\_\_

(c) Additional Support Need - We would like you to tell us if you require additional support. You should do this as early as possible to ensure that support can be put in place in time for you starting College. Please refer to our prospectus or website for more information. Tick the box that best describes your situation:

Dyslexia/specific learning difficulty  Blind or partially sighted  Deaf or hard of hearing   
Medical problems e.g diabetes  Mobility difficulty/wheelchair user  Mental health difficulty   
Autistic Spectrum Disorder (Asperger's Syndrome)

Other support need (Please give details) \_\_\_\_\_

We are committed to making reasonable adjustments to enable someone with an additional support need to participate in college programmes. This could involve providing equipment and /or practical assistance. In order to do this, we need your consent to pass information to appropriate staff who will contact you to discuss support. If you do not consent, any reasonable adjustments which could be made, may not be possible.

I consent to this information being used to make necessary reasonable adjustments.

Signature \_\_\_\_\_

## Data Protection

The College collects information about students for administrative, academic and health and safety reasons. Under the Data Protection Act 1998 we need your consent to process this information during the application process and while you are a student. We therefore need you to sign the following Consent to Process Clause. The information given on this form will be held on computer and you have the right to inspect any record of which you are the subject. (Requests to view manual and computerised files should be made in writing to the Head of Student Information and Funding).

### Consent Clause

I agree to City of Glasgow College processing personal data contained in this form, or other data which the College may obtain from myself or other people during the application process and whilst I am a student. I agree to the processing of such data for any purposes connected with my studies, my health and safety or for any other legitimate reason.

### Declaration

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are currently under 16 years of age, then this agreement must be counter signed by a parent or legal guardian next to the applicants' signature.

## City of Glasgow College Equality & Diversity Statement

"We will positively promote equality, diversity and human rights for all. In doing so, the College will; Foster good relations based on dignity and respect; Advance equality of opportunity for individuals; and Eliminate harassment, victimisation and unlawful discrimination."

### Return to:

Student Services Section  
City of Glasgow College  
City Campus North Hanover Street  
60 North Hanover Street  
Glasgow G1 2BP

### Contact us:

t: 0141 566 6216  
e: [apply@cityofglasgowcollege.ac.uk](mailto:apply@cityofglasgowcollege.ac.uk)  
[www.cityofglasgowcollege.ac.uk](http://www.cityofglasgowcollege.ac.uk)

Your application will be acknowledged within 7 working days.

The College welcomes calls through Typetalk. Please call on: 18001 0141 566 6216

Glasgow Metropolitan College known as City of Glasgow College Scottish Charity No. SC036198

