Forth Valley College

APPLICATION FOR COURSE ADMISSION
INTERNATIONAL (NON EU) STUDENTS **SESSION 2027/2028**

1 COURSE TITLE (See College Website)

Course Choice

Location (✔please tick) Alloa ☐ Falkirk ☐ Stirling ☐

FOR OFFICE USE ONLY

I.D.

2 PERSONAL DETAILS

Surname | Forenames | Title (circle one) Mr Mrs Miss Ms Mx Other

Date of Birth | Preferred Name | National Insurance No.

1.Present (permanent) Home Address

Postcode

2.Previous Address (within last 3 years) Date: from to

Postcode

Telephone / Mobile No.

Emergency Contact

Name

Tel No.

Email | Nationality | Country of Birth

3 FEE STATUS AND VISAS

Do you have a UK visa? Yes ◯ No ◯

If **yes**, which UK visa do you already have?

Student ◯ Visitor ◯ Dependant ◯ Working Holiday ◯ Other ◯

Expiry Date

Have you ever studied in the UK? Yes ◯ No ◯

If yes, please give details below:

Dates, From/To	**Course**	**Achieved, Yes/No**	**Visa Type**

Have you ever been refused a visa for the UK or any other country? Yes ◯ No ◯

If **yes**, please give details below:

Country	**Date**	**Visa Type**	**Refusal Reason**

3 EDUCATION

Please list your qualifications and send us certified photocopies of certificates showing subjects studied and grades achieved with certified English translations, if applicable.

Name of Institution (eg. school/college)	Qualification	Start Date	Year of Completion

4 CHECKLIST

Please list your qualifications and send us certified photocopies of certificates showing subjects studied and grades achieved with certified English translations, if applicable.

What you will need to send us:

- ☐ Certified copies of certificates and transcripts (in English)
- ☐ Personal Statement Form
- ☐ Academic Reference
- ☐ **OR** Employer Reference
- ☐ CV or Resumé of work experience (if applicable)
- ☐ Criminal Records Disclosure (if applicable)
- ☐ Evidence of your IELTS Certificate
- ☐ Copy of Passport
- ☐ Copy of Current Visa (if applicable)/Biometric Residence Permit (BRP)
- ☐ Copy of Previous Visa(s)/Biometric Residence Permit (BRP)

5 ADDITIONAL INFORMATION

Is English your first language? Yes ◯ No ◯

Do you have any other national language, please specify:

Do you have an English/ Communication qualification? Yes ◯ No ◯

If yes, please state name of qualification and level:

In the event of a medical emergency please provide contact details:

Contact Name

Contact Telephone N°

Are you care experienced? Yes ☐ No ☐

If **Yes** Please Confirm: Experience of care within the UK ☐

Experience of care outwith the UK ☐

What type of Care setting have you most recently lived in?

Residential Care ☐ *Foster Care* ☐ *Secure Care* ☐

Kinship Care: ☐ *Prefer not to say*

Do you have caring responsibilities? Yes ☐ No ☐

If yes, who do you care for

Disabled Child/Children Under 18 ☐ *Child/Children Under 18* ☐

Adult/s 18 and over ☐ *Prefer not to say* ☐

Are you an estranged person? Yes ☐ No ☐

6 YOUR RELIGION, RELIGIOUS DENOMINATION OR BODY

Which group do you most identify with?

◯ None ◯ Christian: Protestant ◯ Christian: Roman Catholic ◯ Christian: Other ◯ Muslim

◯ Buddhist ◯ Sikh ◯ Jewish ◯ Hindu ◯ Pagan

◯ Another religion or body ◯ Prefer not to say

7 RACE - YOUR ETHNIC GROUP

Please choose ONE section from A to G, then tick ONE box which best describes your ethnic group or background

A. White

- ◯ British
- ◯ Scottish
- ◯ English
- ◯ Northern Irish
- ◯ Welsh
- ◯ Irish
- ◯ Gypsy & Traveller Communities
- ◯ Roma
- ◯ Polish
- ◯ Showman/Showwoman
- ☐ Other, please specify

B. Mixed or Multiple Ethnic Groups

- ◯ Any mixed or multiple ethnic groups

Please specify

C. Asian, Asian Scottish or Asian British

- ◯ Pakistani, Pakistani Scottish or Pakistani British
- ◯ Indian, Indian Scottish or Indian British
- ◯ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ◯ Chinese, Chinese Scottish or Chinese British
- ◯ Any other Asian background

D. African

- ◯ African, African Scottish or African British
- ◯ Any other African background

E. Caribbean or Black

- ◯ Caribbean, Caribbean Scottish or Caribbean British
- ◯ Black, Black Scottish or Black British
- ◯ Other Carribean or Black background

F. Other Ethnic Group

- ◯ Arab, Arab Scottish or Arab British

G. All Ethnic Groups

- ◯ Other, please specify
- ◯ Prefer not to say
- ◯ Information not known

8 ADDITIONAL INFORMATION

Where did you find out about the College? (✔Please tick only one box)

- ☐ News Article
- ☐ Social Media
- ☐ Radio Advert
- ☐ School
- ☐ Online Advert
- ☐ Press/Outdoor Advert
- ☐ Information Event
- ☐ Local Knowledge
- ☐ Careers Office/Job Centre Plus

From time to time students may be approached by either the Scottish Funding Council (SFC) and the Scottish Government (SG), and/or their partners, to take part in research and surveys to help them plan future provision.

Please tick this box if you do NOT want to be asked to take part in these surveys. ☐

9 EQUAL OPPORTUNITIES

Forth Valley College is committed to eliminating discrimination, promoting equality and fostering good relations amongst all staff and learners. The College will ensure that all applicants are treated equally regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

All information is kept confidentially by Student Administration, in accordance with the Data Protection Act.

10 STUDENT SUPPORT

The College assists and supports all students with their learning. Please tick the following, appropriate, box/boxes. This information will not affect your chances of being offered a place.

11 DISABILITY

Do you have a disability? Yes ◯ No ◯ Prefer not to say ◯

If yes, please complete the following

Learning difficulty (for example; dyslexia or ADHD)? Yes ◯ No ◯

A specific learning disability (for example; Down's Syndrome)? Yes ◯ No ◯

Developmental condition (for example; Autistic Spectrum)? Yes ◯ No ◯

Long-term illness, disease or condition? Yes ◯ No ◯

If yes, please specify

Mental health condition (for example; depression or anxiety disorder)? Yes ◯ No ◯

Physical impairment?

Deafness or partial hearing loss? Yes ◯ No ◯

Blindness or partial sight loss? Yes ◯ No ◯

Full or partial loss of voice or difficulty speaking (a condition that requires you to have equipment to speak) Yes ◯ No ◯

Forth Valley College

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NAME

PERSONAL STATEMENT

Please answer the following questions as fully as possible. This personal statement will support your application and will give staff a better understanding of the reasons why you are applying for the course. This will also give you the opportunity to strengthen your application by explaining what skills and experience you may already have within this field of study.

1. Please explain why you have decided to study in the UK?

2. What are your reasons for applying for the course and to study at Forth Valley College?

3. Do you have any experience or hold other qualifications within this subject/field?

4. What are your future plans? Do you intend to progress to university?

5. How do you expect to support yourself whilst studying?

12 SEX AND GENDER IDENTITY

Which of the following describes how you think of yourself?

- ◯ Male (including trans man)
- ◯ Female (including trans woman)
- ◯ Prefer not to say
- ◯ in another way

Is your current gender (or sex) the same as you were born with?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Do you identify as being trans?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

14 SEXUAL ORIENTATION (over 16s only, required to complete this section)

Which of the following options best describes how you think of yourself?

- ◯ Bi/Bisexual
- ◯ Gay Man
- ◯ Gay Woman/Lesbian
- ◯ Heterosexual/Straight
- ◯ In another way
- ◯ Prefer not to say

15 DECLARATION

Privacy Statement

The information you provide will be stored securely under current Data Protection Legislation. The information will be used by the College to process your application and for statistical purposes. If your application is successful your data will be shared with the Scottish Funding Council for college funding and statistical purposes, and where appropriate with Skills Development Scotland for statistical requirements, and for support of 16 to 24 years olds in Scotland. Where appropriate we will share relevant information for the purposes of certification with examination bodies, and where relevant we will share information with partner institutions to support your course application, progression and continuation of your course ie. integrated degree programmes. Where appropriate, we will share information which is directly linked to an applicant's funding with the relevant agencies eg. Student Awards Agency for Scotland and Student Loans Company.

Tick to agree to our Privacy Statement. ☐

Portal

The College has developed a portal to allow schools and Education Services across the Forth Valley Region, and Skills Development Scotland to be informed of your application status. The information provided allows the above organisations to support school leavers to secure a place at College.

Please tick if you agree that your data can be viewed by the above partner organisations. ☐

News and Updates from Forth Valley College

We would like to keep you updated with the latest news and information on Forth Valley College.

Please tick here if you would like to be added to our mailing list. ☐

Applicant's Signature | **Date**

Please return your completed Application Form to:

Student Admissions
Forth Valley College of Further & Higher Education
Grangemouth Road
Falkirk
FK2 9AD

Tel: (01324) 403000

Email: student.applications@forthvalley.ac.uk

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