

FOR OFFICIAL USE ONLY

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Date received

Ref. No.

Applicant's Name

Programme applied for

Level (NQ, HNC etc)

First Choice:

Second Choice:

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS IN BLACK INK.
MAKE SURE YOU SIGN THE DECLARATION ON THE BACK PAGE

If you require any help in completing this form
please contact the College's Advice Team, who
will be glad to assist you. Tel. 0141 588 1500



GLASGOW'S FRIENDLIEST COLLEGE

Personal and Programme Data

The personal information you provide on this form will be held by the College on paper and in the College's computer system. This information is strictly controlled by the College and access to the information is only granted where it is necessary to further the College's or your own aims.

The information will be used internally for monitoring purposes.

The College is registered with the Information Commissioner and its Registration Number is Z489061X. The College may use personal information but only in accordance with its registration. The College does not provide information to organisations in direct marketing or similar ventures.

The College abides by the eight data Protection principles contained in the Data Protection Act 2000 and will take steps to ensure that all organisations to whom we supply information also abide by these principles.

By signing this form you give the College consent to hold and process your personal information for registration purposes.

As a data subject you have the right to inspect any records of which you are the subject. Requests to view records should be directed, in writing, to the College Principal.

Please return this form to:

**Advice Centre
John Wheatley College
2 Haghill Road
Glasgow G31 3SR**

Tel: 0141 588 1500

Email: advice@jwheatley.ac.uk

Please Note: The College will not contact you until an interview has been arranged.

John Wheatley College is supported by grant-in-aid.



John Wheatley College gratefully acknowledges the financial and other assistance that is received from the European Social and Regional Development Fund to support aspects of its adult and continuing education programme.

John Wheatley College is a Scottish charity. Charity number SCO21200

Thank you for applying to John Wheatley College. To make sure that your application is processed quickly, and that we can provide any additional support you might need, please complete as much of the form as possible.

Please also remember to put in a contact telephone number so that we can get in touch should we require any further information or clarification.

Surname:	
First Name:	
Address:	
Post Code:	
Telephone No:	E-mail:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> <small>Please Tick</small>	Date of Birth:

Ethnic Origin (this information is for Equal Opportunities Monitoring Purposes Only)

<input type="checkbox"/> Information refused/not known	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Scottish	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Any other White Background	<input type="checkbox"/> Black African
<input type="checkbox"/> any other Mixed Background	<input type="checkbox"/> Other
<input type="checkbox"/> Indian	

Are you presently registered as unemployed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you receive benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the length of time unemployed.	years <input type="text"/> months <input type="text"/>	If yes, which benefit?	<input type="text"/>

**HOW DID YOU FIND OUT ABOUT JOHN WHEATLEY COLLEGE?
PLEASE TICK APPROPRIATE BOXES**

Newspaper Advert	<input type="checkbox"/>	Open/Information Day	<input type="checkbox"/>
Prospectus	<input type="checkbox"/>	Friend or Relative	<input type="checkbox"/>
Course Information leaflet	<input type="checkbox"/>	Member of College Staff	<input type="checkbox"/>
Other	<input type="checkbox"/>	College Webpage	<input type="checkbox"/>

TO TELL US MORE ABOUT YOU - PLEASE TURN OVER

QUALIFICATIONS AND/OR OTHER LEARNING

To help us devise a programme of study which meets your particular needs please complete the sections below wherever appropriate.

(a) School Learning

Subject	Level	Result	Year

(b) Other Learning (e.g. college & community learning)

Subject	Where Studied	Level	Year

ADDITIONAL INFORMATION

PLEASE INDICATE ANY EMPLOYMENT TRAINING, WORK EXPERIENCE, VOLUNTARY WORK OR HOBBIES.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| The College has arrangements for students who require physical assistance in an emergency evacuation. Would this apply to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| The College provides a service for people with disabilities and other learning needs. Would you like more information on this? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you require further information on assistance with childcare? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU TICKED YES, PLEASE INDICATE WHAT EXTRA HELP YOU REQUIRE.

DECLARATION

I declare that the information given above is, to the best of my knowledge, true.
If offered a place at the College I also agree to adhere to the College regulations.

SIGNATURE

DATE