

# Application Form

FOR COLLEGE USE		Conditional	<input type="checkbox"/>
CMIS No.	_____	Unconditional	<input type="checkbox"/>
Date	_____	Offer place	<input type="checkbox"/>
Signed	_____	Reserve	<input type="checkbox"/>
		References received	<input type="checkbox"/>

Please complete in BLOCK CAPITALS, insert an X in tick boxes and return to:  
 Student Admissions, Cardonald College Glasgow, Mosspark Drive, Glasgow G52 3AY or FAX to: 0141 272 3444

## COURSE APPLIED FOR

If you are unsure of your choice of course, contact the Information & Advice Centre. If you wish to apply for a second choice, please complete a separate form.

\_\_\_\_\_  FT/PT/Evening

When would you like to start the course? August/September  January  Other

## PERSONAL DETAILS

Surname \_\_\_\_\_ Forename \_\_\_\_\_ Title \_\_\_\_\_

Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile) \_\_\_\_\_

**ETHNICITY** To help us monitor our equal opportunities policy, please tick the box that describes your ethnic background.

Scottish - White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
English - White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Welsh - White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Irish - White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Mixed background	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

## NATIONALITY

Have you been normally resident in Scotland for the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been normally resident in the UK/EU for the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you an Asylum Seeker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you required to have a visa?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## CHILDCARE REQUIREMENTS

Please contact the Children's Centre on 0141 272 3337 to request an application form for childcare or afterschool care. No guarantee of childcare can be made.

**ADDITIONAL SUPPORT NEEDS** To allow us to plan your support, please answer the following questions.

Do you have a disability or medical condition (physical, mental health, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a specific learning difficulty, eg. dyslexia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have concerns about your basic skills (literacy and numeracy)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other issues that may affect your learning?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is English your first language?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## SECONDARY SCHOOL/COLLEGE(S) ATTENDED

Name of school/college/university/awarding body	Start date	Leaving date

SQA Number (if known)

## QUALIFICATION ACHIEVED

Please note: many of our courses require no entry qualifications and are designed for people without qualifications.

Subject	Levels (Higher/NQ units etc)	Grade/Band	Year

## RESULTS PENDING

Subject	Completion date	Level

## Please give any other information you feel is relevant to your application

For example, reasons for your choice of course, the career you wish to follow, relevant employment experience. This section is particularly important for those without the minimum entry requirement.

## ENQUIRY SOURCE How did you hear about Cardonald College Glasgow?

Please tick all that apply

- |                                                     |                                             |                                                 |
|-----------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Friend/relative            | <input type="checkbox"/> School             | <input type="checkbox"/> College Open Day       |
| <input type="checkbox"/> Library                    | <input type="checkbox"/> Employer           | <input type="checkbox"/> College website        |
| <input type="checkbox"/> College newsletter to home | <input type="checkbox"/> Learn Direct       | <input type="checkbox"/> Prospectus             |
| <input type="checkbox"/> Careers                    | <input type="checkbox"/> Previously studied | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Radio advert               | <input type="checkbox"/> Previous student   | <input type="checkbox"/> Newspaper advert       |

**I confirm that the information given on this form is true, complete and accurate and no information has been omitted.**

**I agree to my details being held on a College database. I understand they will only be used to contact me for the purposes of processing this application and will not be disclosed to other organisations.**

Signature \_\_\_\_\_

Date \_\_\_\_\_