

Please complete form in BLOCK CAPITALS (Ink)

Surname: ..... Mr/Mrs/Miss/Ms (please circle)

First Name(s): .....

Address: .....

Town: ..... Postcode: .....

Telephone: ..... Mobile: .....

e-mail: ..... Date of Birth: .....

Have you been a resident in Scotland for the last 3 years?  Yes  No

### Course Name(s) applied for:

First Choice: .....

Second Choice: .....

Please indicate at which campus you would prefer to study:  Greenock  North Ayrshire

Attendance:  Full-time  Part-time  Open Learning (Distance Learning)  Evening Class

### How do you intend to finance your course?

#### Full-time Courses ONLY

- SAAS (HNC/D & degree courses)  Self Financing  
 College Bursary (NC, SVQ & VTCT courses)  Other Method

#### Part-time Courses / Open Learning / Evening Classes

- |  |   |
|--|---|
| <input type="checkbox"/> Self Financing                          | <input type="checkbox"/> Fee Waiver: Income Based Job Seekers |
| <input type="checkbox"/> Employer Paying                         | <input type="checkbox"/> Fee Waiver: Income Support           |
| <input type="checkbox"/> ILA (Individual Learning Account)       | <input type="checkbox"/> Fee Waiver: Job Seekers Allowance    |
| <input type="checkbox"/> Fee Waiver: Asylum Seeker               | <input type="checkbox"/> Fee Waiver: Local Authority Care     |
| <input type="checkbox"/> Fee Waiver: Attendance Allowance        | <input type="checkbox"/> Fee Waiver: Other                    |
| <input type="checkbox"/> Fee Waiver: Careers Allowance           | <input type="checkbox"/> Fee Waiver: Pension Credit           |
| <input type="checkbox"/> Fee Waiver: Disability Living Allowance | <input type="checkbox"/> Fee Waiver: School Pupil             |
| <input type="checkbox"/> Fee Waiver: Incapacity Benefit          | <input type="checkbox"/> Fee Waiver: Working Tax Credit       |

### Student Support

The college endeavours to assist and support all students, please give details of any additional support needs or special arrangements and a representative from the college will contact you to assess your own particular needs and make any necessary arrangements for you throughout the duration of your time at James Watt College.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Dyslexia                   | <input type="checkbox"/> Personal Care/Support            |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Wheelchair/Mobility Difficulties |
| <input type="checkbox"/> Deaf/Hearing Impaired   | <input type="checkbox"/> Mental Health Difficulties | _____   |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Multiple Disabilities      | <input type="checkbox"/> No Known Disability              |
|  |   | <input type="checkbox"/> Other                            |

Is English your first language?  Yes  No

Please specify .....

Your signature is required overleaf

## Examinations/Qualifications

Previous SQA candidate number: .....

Applicants should list all subjects, whatever the result, in chronological order. If you are awaiting the results of any examinations recently taken, write PENDING in the result column. Please continue on a separate sheet if necessary.

Level/Grade (Standard, Higher, etc)	Subject	Date	Place of Study	Results (grades, bands, etc)

## Ethnic Group

James Watt College is committed to a policy of equal opportunities and seeks to ensure that no individual is discriminated against on the grounds of race, colour or ethnic origin. To help us monitor this policy, please complete the information below by ticking the appropriate box.

### White, White Scottish, White British

- English
- Irish
- Scottish
- Welsh
- Other

### Asian, Asian Scottish, Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other

### Black, Black Scottish, Black British

- African
- Caribbean
- Other

### Mixed Background

- Any mixed background  
Please specify .....
- Other Ethnic Group

## Do you require information on any of the following? (Please tick as appropriate)

- Student Services
- Supported Learning
- Accommodation
- Nursery
- Funding

How did you hear about the college?

## Application Declaration

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

Signature

Date

Please send your completed application form FREEPOST to:

**FREEPOST, Centre Administration, James Watt College, Finnart Campus,  
Finnart Street, GREENOCK, PA16 8ZA**

or

**FREEPOST, Centre Administration, James Watt College, North Ayrshire Campus,  
Lauchlan Way, KILWINNING, KA13 6BR**

The college is registered under the Data Protection Act (1998). The information in your application will be stored on a computer system and will only be used for this intended purpose.