



APPLICATION FORM

FOR OFFICE USE ONLY

Course Code

Date Received

Applicant ID Number

COURSE DETAILS

Year of entry (eg. 2011)

Month of entry

UHI college you are applying to

Location of study (eg. college site, learning centre)

Title of the course you are applying for

If you wish to be considered for more than one course, you can give details for up to three courses in order of priority.

Course code (if known)

Year of course (1st, 2nd, 3rd, 4th)

Mode of study (See codes below)

Mode of Study: Full-time (FT), Part-time (PT), Distance Learning (DL), Evening (EW)

PERSONAL DETAILS

First names

Surname

Title (eg Mr/Mrs/Miss/Ms/Dr etc)

Previous surname (if any)

Date of birth (day/month/year)

Age

Gender (M/F)

Contact address

Postcode

Home address (if different)

Postcode

Telephone number (day)

Evening

Mobile

E-mail

SQA/Scottish Candidate No:

Have you ever been a student at a UHI college?

Yes

No

If you answered yes:
Student number (if known)

Last course studied

Address at the time (if different from above)

Postcode

Have you been in care? (For example foster care, semi-independent living or residential care home.)

Yes

No

I prefer not to say

If you answered **YES** to the question above, please indicate the total length of time you have been in care:

Less than 1 week

1 week to 3 months

3 months to 1 year

1 year to 3 years

3 years or more

PERSONAL DETAILS Cont'd

Nationality Country of birth

Is English your first language? Yes No

Area of permanent residence (This should be the district, borough or county for UK residents and country if outside the UK)

Will you have been resident in the UK/European Economic Area for 3 years immediately before the start date of your course? Yes No

Date of first entry to UK

Number of years resident in UK Other European Economic Area

For fee status do you consider yourself a Home/EU student or an International student

Please note that evidence may be required to support residency for fee status.

How do you plan to pay your part-time fees? Self Employer Fee Waiver

You can get further information about paying your fees at www.moray.ac.uk/moray-college/how/fees-money-support.php

EDUCATION

Please give the names and addresses of the last 3 educational establishments you have attended, starting with the most recent.

FROM		TO		Name/address	Part-time (PT) Full-time (FT)
Month	Year	Month	Year		

Please give your academic qualifications for which results are known (continue on separate sheet if necessary).

In the table below please indicate level using the following codes

STANDARD GRADE	SG	NAT. CERTIFICATE	NC	HIGHER NAT. UNIT	HNU
ORDINARY	O	HIGHER NAT. CERT.	HNC	OTHER - please give details	
HIGHER	H	HIGHER NAT. DIP.	HND		
ADVANCED HIGHER	AH	NAT. CERT. MODULE	NCM		

YEAR	SUBJECT	LEVEL	AWARDING BODY IF KNOWN	GRADE IF APPLICABLE

Please give details of any examinations you will be taking or for which you are awaiting results.

YEAR	SUBJECT	LEVEL	AWARDING BODY IF KNOWN

PERSONAL STATEMENT

Please tell us why you decided to choose this course and a little about yourself, your current or previous employment (including any work experience), hobbies and what you have been doing most recently (*continue on a separate sheet if necessary*). This is an important part of your application, for help in completing this go to

www.uhi.ac.uk/home/apply-to-uhi/application-process

REFERENCE

References are not normally required, however for certain courses and, in the case of students who do not have the usual entry requirements, a reference may be requested. Therefore, please give contact details for someone who would be willing to act as a referee for you.

Name of referee	<input style="width: 90%;" type="text"/>	Address of referee
Relationship of referee to you	<input style="width: 90%;" type="text"/>	<input style="width: 90%; height: 100%;" type="text"/>
Post/occupation of referee	<input style="width: 90%;" type="text"/>	
School/college/organisation (if appropriate)	<input style="width: 90%;" type="text"/>	
Contact number of referee	<input style="width: 90%;" type="text"/>	E-mail <input style="width: 90%;" type="text"/>

Information gathered in the following sections is not used in the selection process but is required for statistical purposes and to help us identify any support needs you may have.

DISABILITY / HEALTH OR MEDICAL CONDITIONS

Colleges welcome students with disabilities. We would encourage you to disclose any disability, health or medical condition and will try to meet your needs where we reasonably can. Please tick the relevant box(es).

I do not have a disability	<input checked="" type="checkbox"/>	
		Likely support needs/ Personal care support
I am dyslexic	<input checked="" type="checkbox"/>	<input style="width: 90%;" type="text"/>
I am blind/partially sighted	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I am deaf/have a serious hearing impairment	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I am a wheelchair user/have mobility difficulties	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have an autistic spectrum disorder (eg. Asperger's Syndrome)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have personal care support	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have mental health difficulties	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have an unseen disability/illness (eg. diabetes, epilepsy, asthma, cancer)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have multiple disabilities	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have a learning difficulty (eg. dyspraxia, ADHD etc.)	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>
I have a disability not listed above	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>

Tick the box if you would like someone to contact you to discuss your requirements.

I carry medicines which are time-critical in their application (eg. Epi-pen)

ETHNIC ORIGIN

Please tick the box that best describes your ethnic origin.

White:

- 13 Scottish
 17 English
 18 Welsh
 12 Irish
 19 Any other

Asian:

- 31 Indian
 32 Pakistani
 33 Bangladeshi
 34 Chinese
 39 Any other

Black:

- 21 Caribbean
 22 African
 29 Any other
 80 Any other background

Mixed:

- 41 White and Black Caribbean
 42 White and Black African
 43 White and Asian
 49 Other mixed
 98 Information Refused

OCCUPATIONAL BACKGROUND

If you are under 21, please give the occupation of your parent, step-parent or guardian who earns the most. If they are retired or unemployed, give the most recent occupation.

If you are over 21, please give your own most recent occupation.

Do any of your parents, step-parents or guardians have any higher education qualifications, such as a degree, diploma or certificate of higher education?

Yes No
 Don't know Prefer not to say

SOURCE OF INFORMATION

What was the most important source of information in your decision to apply to the University of the Highlands and Islands?

Enter the appropriate code in this box from the following list.

- | | | |
|-------------------------------------|--------------------------------|-------------------------------------|
| FT Prospectus/leaflet | NE Press advert/article | OD Visit to college/open day |
| RA Radio/TV | EM Employer | CA Careers office |
| LIB Library | SL School | FF Friend/family |
| CSS College student services | LC Learning Centre | CE Careers convention |
| WEB Our website | INT Other website | LF Leaflet through door |

If you used more than one source, please enter codes for the next two most important ones in the following boxes

The University of the Highlands and Islands and Academic Partners are registered under the 1998 Data Protection Act. By signing this form you consent to the holding and processing of your personal data for all purposes connected with our statutory and business requirements. Where required, your information may be supplied to other official agencies eg. Higher Education Statistics Agency (HESA), Universities and Colleges Admissions Service (UCAS).

I confirm that to the best of my knowledge, the information I have given on this form is correct.

Signature: _____

Date: _____

If you are on the 'At Risk' register please tell the college you are applying to.

Signature of parent/guardian if under 16: _____

Date: _____

Moray College/UHI would like to share information about you with Skills Development Scotland (SDS) who conduct research into student destinations. If you would prefer that we did **NOT** share your information with SDS, please tick this box:

Please return your completed form to:
 Registry, Moray College UHI, Moray Street, Elgin, Moray. IV30 1JJ

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