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| **For office use only** | |
| Application number |  |
| Course applied for |  |
| Date |  |

Applicant:

* Please complete the form in black ink, in type or BLOCK CAPITALS.
* All applications to ITPT are considered on an equal basis which takes no account of religious, racial, gender, or age.
* Parent / Guardian must complete the form

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| 1. Personal Details | | | | | | | |
| Title (Mr/Mrs/Miss/Ms) |  | | | Country of Birth | |  | |
| Surname |  | | | Nationality |  | | |
| Forenames |  | | | Since when you started living in UK? | | Since Birth | |
| Date of Birth | Day | Month | Year | Month | Year |
|  |  |  |  |  |
| Gender |  | | |
| Ethnicity:  (refer to page 3, No. 9) |  | | |
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| 1. Contact Details | | | |
| **Permanent Home Address** | | **Contact/Correspondence (if different from the permanent)** | |
| 1st  line of address |  | 1st  line of address |  |
| 2nd line of address |  | 2nd line of address |  |
| County |  | County |  |
| City |  | City |  |
| Post Code |  | Post Code |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Please make sure to provide clear email address as this is ITPT’s preferred mode of contact with their students | | | |

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| 1. **Parents / Guardians Detail** | | | | | |
| Full Name | |  | | | |
| Relationship | |  | | | |
| Telephone Number | |  | | | |
| Email Address | |  | | | |
| Address | |  | | | |
| 1. Course(s) Applied For: | | | | | |
| Title of Course(s) |  | | | | |
| Mode of Study | Weekly Classes | | Single Course | Boot Camp | |
| Teaching Mode: Computer Courses  (Coding / Programming Course) | Tutor Led  (Face to Face Learning) | | Tutor Led  (Virtual Learning) | Tutor Led  (Blended Learning) | |
| Teaching Mode: NAT 5 (Tuition) | Tutor Led  (Classroom / Face to Face Tuition) | | Tutor Led  (Classroom / Virtual Tuition) | Tutor Led  (one to one/ Face to Face - Classroom Tuition) | Tutor Led  (one to one/ Virtual Tuition) |
| Course Starting Date (if known) |  | | | | |

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| 1. Academic Qualifications | | |
| Please give details of your qualifications, use extra sheet if require. | | |
| School Name | Class Level | Passed / Ongoing |
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| 1. Non-Academic (Computer Course) | | |
| Please give details if attended any computer courses privately, other than the academic qualifications | | |
| School Name | Class Level | Passed / Ongoing |
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| 1. Additional Information | | | | | | | | | | | | | |
| Do you have any disability?  (Please tick appropriately if yes) | | | | YES | | | |  | | | NO | |  |
| Blind  Partially sighted  Deaf  Hearing impairment  Mobility issues  Wheelchair user  Personal care support  Multiple disabilities  High blood pressure  Diabetes  Epilepsy  Asthma  Autistic spectrum disorder | | | | | | | Learning Difficulty:  Dyslexia  Dyspraxia  Mental health difficulties  Autism  Other  Please provide below if not mentioned above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Not Known disability  Disability not listed  Information refused | | | | | | | If disability not listed then please provide below;  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| If information refused please give us the reason: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| We collect this information to understand the child learning difficulty. ITPT will only use this information to provide you with details of our disability service. | | | | | | | | | | | | | |
| 1. How did you hear about us? | | | | | | | | | | | | | |
|  | Gum Tree |  | Leaflet | |  | Google | | |  | SQA | | Others: | |
|  | News Paper/Magazine |  | ITPT Website | |  | Word of Mouth | | |  | DWP | |
| 1. Disclaimer / Consent | | | | | | | | | | | | | |
| 1. I confirm that to the best of my knowledge the information given in this form is correct. 2. I confirm that the documentation I have supplied with my application is genuine, and I understand that ITPT will withdraw my application if any aspect of my application is found to have been falsified. 3. I hereby give consent for my child /ward to take part in the above course. 4. I understand that a Matriculated student is required to abide by the regulations of ITPT and to conform to its Policies, Procedures, Ordinances and Regulations. 5. I understand that ITPT programmes are subject to a continuous process of review. ITPT reserves the right to vary the content of programmes or parts of programmes, to offer new programmes, to discontinue existing programmes and to cancel programmes in the event of low enrolments, at its discretion. 6. I agree that ITPT may use my personal data in accordance with the ITPT Data Protection Policy, ICO, and GDPR. 7. ITPT collects individual’s data for the following purpose, admission process and issuing certificates and to keep applicants aware of our forthcoming courses. 8. I understand that personal data provided within this application will be entered on to ITPT’s computer records for the purpose of considering and managing my application. I understand that this information will be held securely and kept up to date, and I can ask ITPT to stop using this information by submitting a written request to do so. 9. I will receive an invoice for the course fee(s) once I am fully registered as a student. 10. I may withdraw from the course at any point, however, I will be charged in proportion to the time I have attended. I must inform ITPT in writing (email is acceptable) if I wish to withdraw. If I withdraw but do not inform ITPT, I may be charged for the full course fees. 11. Ethnicity: 12. White British/White Irish/White Scottish/White Other 13. Asian/Asian British Indian/ Asian British Pakistani/ Asian British Bangladeshi/ Asian British Chinese or any other 14. Black/Black British Caribbean/Black British African/Black British Other 15. Mixed White & Black Caribbean/ Mixed White & Black African/ Mixed White & Asian/Mixed white & Chinese/Other/Not known 16. Other   I give my consent to IT Professional Training to be in touch with me via email using the information I have provided in this form for the purpose of upcoming courses.  I have read, understood and accept the terms of the above disclaimer.  I hereby give permission ITPT to hold written/electronic information that is relevant to my application.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Date  Note: Electronic Signature is accepted.  Please send your completed application form and supporting documents to:   |  |  | | --- | --- | | **Edinburgh:**  Admission & Enquiry Office  62 West Harbour Road, Granton, Edinburgh, EH5 1PW  Email: [admissions@itpt.co.uk](mailto:admissions@itpt.co.uk) | Website: [www.itpt.co.uk](http://www.itpt.co.uk)  Tel: 0131 552 5558 – 0131 552 5800 | **Glasgow:**  Admission & Enquiry Office  McCormick House, 50 Darnley Street, Glasgow, G41 2SE  Email: [admissions@itpt.co.uk](mailto:admissions@itpt.co.uk) | Website: [www.itpt.co.uk](http://www.itpt.co.uk)  Tel: 01414292922 | | | | | | | | | | | | | | |