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| **For office use only** | |
| Application number |  |

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| **Course Name :** Choose an item.  **Other :** | **Session:** Choose an item. |
| **Mode of Learning:** Full-time Part-Time  Distance Learning | |
| **Personal Details** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Title** | **Mr**.  **Mrs** **Miss** **Other** (\_\_\_\_\_\_\_) | **National Insurance Number** | | | **First Name** |  | | **Surname** |  | **Phone No.** |  | | **Address** |  | **Mobile No.** |  | | **Date of Birth:**  (DD/MM/YY) |  | | **Town/City** | **Choose Town/City** | **Other Town /City** | Click here to enter text. | | **Country** |  | **SCN(If have)** |  | | **Postcode** |  | **Email** |  | | **Living in UK Since** | Since Date \_\_/\_\_/\_\_  Since Birth  Live Outside | **Living in Scotland** | Since Date \_\_/\_\_/\_\_  Since Birth  Live Outside | | **Town/District of birth** |  | **Country of birth If other than UK** |  | | **How will you fund for the course?** | SAAS Funding:  Self-Funding:  Other: \_\_\_\_\_\_\_\_\_ | **SAAS Ref # (Optional)** |  | | **Are you currently studying fulltime/part-time?** | Yes: I am studying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & will finish the course on: \_\_/\_\_/\_\_\_  No | | |   **Is there anything else you would like us to know?** | |

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| **Next of Kin** |
| |  |  |  |  | | --- | --- | --- | --- | | **Name** |  | **Address** |  | | **Relationship To You** |  | | **Telephone No.** |  | **Postcode** |  | |

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| **Qualifications** |
| |  |  |  |  | | --- | --- | --- | --- | | **Qualifications** | **Subject** | **Grade** | **Month/Year** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Other:  Please also attach copies of Certificates/Transcripts if required |
| **Employment Status** |
| **Are you currently employed? Yes  No** |

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| **Work Experience** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Job Title** | **Company Name** | **From**  **(Month,Year)** | **To**  **(Month,Year)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| **Other Skills if No Work Experience** | |
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| **How did you find out about us?** | |
| ITPT’s website  Other Website  Course Guide/Leaflet  Friend/Family  Gumtree  Radio  Facebook/Twitter  **Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Referee** | |
| **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Relation to yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please complete the details of your nominated referee below:**  **Have you informed them regarding their nomination? Yes:**  **No:**  **Reason if no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Learning Support**  **Please tick if any of the following apply to you.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Epilepsy |  | Profound/Complex Disabilities | |  |  | | | Asthma |  | Aspergers Syndrome | |  | | Diabetes |  | Multiple Disabilities | |  | | Behavioural Difficulties |  | Moderate Learning Difficulty | |  | | Mental Health Difficulty |  | Severe Learning Difficulty | |  | | Temporary Disability  (eg: after accident, illness) |  | Dyslexia | |  | | Visual Impairment |  | Dyscalculia | |  | | Hearing Impairment |  | Autism Spectrum Disorder |  | | | Communication/Speech Impairment |  | Other:   |  | | --- | |  | | | | | Physical Disability |  | **Do you require support with:** | | | Disability that affects mobility |  | Literacy |  | |  | | Numeracy |  | |

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| **Personal Statement (Please complete this section.)** |
| **Please provide a statement regarding how the course you are applying for will help you achieve your aims and objectives.** |
| **Please tell us why the course you have applied interests you.** |
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| **What do you think your plan might be once you have finished the course you have applied for?** |
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| **Please tell us about your main achievements or things that you are most proud of:** |
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| **Please tell us how your work experience or voluntary work has helped you improve your skills.** |
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| **What are your hobbies and interests?** |
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| **Ethnicity** |

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **White** | | **Black** | | **Asian** | | **Mixed** | | **Other** | | | **English/Scottish/welsh/**  **Northern Irish/British** |  | **African** |  | **Indian** |  | **White and Black African** |  | **Arab** |  | | **Irish** |  | **Caribbean** |  | **Pakistani** |  | **White and Black** |  | **Any other Ethnic group** |  | | **Gypsy or Irish Traveller** |  | **Any other Black background** |  | **Bangladeshi** |  | **White and Asian** |  |  |  | | **Any other White background** |  |  |  | **Chinese** |  | **Any other Asian background** |  |  |  | |
| **Declaration and Signature of Applicant**   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 acknowledge that IT Professional Training will accept no liability for my tuition fees or living expenses in the event of my admission. 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. 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. 8. 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 fees once I am fully registered as a student at ITPT if not applying for the course funding. 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.   I would like to give my consent to IT Professional Training to contact me using the information I have provided in this form for the purpose of news, updates and upcoming courses.  I confirm:  *(***Note:** *You will be able to opt-out from this service at anytime)*  **I confirm that the information I have provided in this application is correct and I have read the attached guidance notes.**   |  |  |  | | --- | --- | --- | | **Applicant Signature** | **Print Name** | **Date** | |  |  |  |   **How We Handle Your Personal Information:**  The IT Professional Training is a data controller and is registered with the Information Commissioner’s Office as required under the GDPR act. By signing this form, I agree that ITPT may use my personal data in accordance with the ITPT Data Protection Policy, ICO, and GDPR. The ITPT requires this information for education administration purposes and will only process your personal data in accordance with the training centre registration and current data protection legislation.  By signing you accept that the IT Professional Training can pass details contained in this form to Scottish Qualification Authority (SQA). |

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| **Staff Use Only** |
| |  |  | | --- | --- | | **Date Received** |  |  |  |  |  |  | | --- | --- | --- | --- | | **Course Title** | **Code** | **Firm Offer** | **Conditional Offer** | |  |  |  |  | | Remarks | | | | |
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**Version:1.2**