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

** ITPT Courses Admission Form**

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

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| 1. **Personal Details** | | | | | |
| Title (Mr/Mrs/Miss/Ms) |  | | | Country of Birth |  |
| Surname |  | | | Nationality |  |
| Forenames |  | | | Ethnicity: (A – E)  (refer to page 4) |  |
| Date of Birth | Day | Month | Year |
|  |  |  | SAAS PTFG No: (if known)  Part Time Fee Grant Ref No |  |
| Gender |  | | | SCN No: (if known)  Scottish Candidate No |  |

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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 |  |
| City |  | City |  |
| Post Code |  | Post Code |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| **Please provide clear email and telephone no as these to correspondence you further** | | | |

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| 1. **Sponsor Details (If the course fee is being paid by the learner’s employer)** | |
| Company Name |  |
| Authorised Contact Person Name |  |
| Telephone Number |  |
| Email Address |  |
| Purchase Order number (P.O no if applicable) |  |
| Correspondence Address |  |
| Invoice Address (if different from correspondence) |  |
| 1. **Source of Funding** | |
| **Funded:** I would like to apply for the course funding.  **A)** SAAS Students Awards Agency Scotland (SAAS)  Applying first time for SAAS funding  I have applied before and my SAAS reference is \_\_\_\_\_\_\_  Any other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **B)** Department of Work & Pension (DWP)  Reference no: \_\_\_\_\_\_\_  Any other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **C)** Data Lab  Reference no:  Any other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Self-funded:** I will be funding this course myself  **Sponsored by Employer:**  Employer will pay the course fee | |
| Please state how would you like to fund your proposed study. Give details of any application(s) for grant /scholarship/sponsorship you have made. If a grant/scholarship/sponsorship has already been awarded please attach copy of supporting documentation. Please note completion of this part does not constitute an application for course financial support, it has to be applied separately either directly to the appropriate funding body or contact our funding team. | |
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| 1. **Course(s) Applied For:** | | | | |
| Title of Course(s) |  | | | |
| Mode of Study | Full Time | Part Time | Boot Camp /  FastTrack | Online/Distance  (Self-paced - eLearning) |
| Tutor Led  (Face to Face Learning) | Tutor Led  (Blended Learning) | Tutor Led  (Virtual Learning) |  |
| Course Starting Date (if known) |  | | | |

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| 1. **Qualifications** | | | | |
| **Please give details of your secondary school qualifications, use extra sheet if require.** | | | | |
| Subject & Level | Awarding or Examining Body | Passing Date | Grade or Band or Percentage | Achievement |
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| 1. **Please detail any courses undertaken in higher or Vocational education from any college/university/private institution including those where no award has been attained. Please include any pending awards.** | | | | | | |
| University/College/Private Institution | Course Title | Grade/Percentage | Course Started | | Course Completed | |
| Month | Year | Month | Year |
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| 1. **Work Experience** |
| **Please give details of any course related knowledge** |
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| 1. **Additional Information** | | | | | | |
| Do you have a disability?  (Please tick appropriately if yes) | YES |  | | NO | |  |
| Blind  Partially sighted  Deaf  Hearing impairment  Mobility issues  Wheelchair user  Personal care support  Multiple disabilities | Unseen Disability:  High blood pressure  Diabetes  Epilepsy  Asthma  Autistic spectrum disorder  Learning difficulty:  Dyslexia  Dyspraxia  Mental health difficulties | | Not Known disability  Disability not listed  Information refused  If information refused please give us the reason:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | If disability not listed then please provide in the mentioned below space:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **ITPT will only use this information to provide you with details of our disability service.** | | | | | | |

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| 1. **How did you hear about us?** | | | | | | | | | | |
| Gum Tree |  | Leaflet |  | Google |  | SQA |  | Data Lab |  | Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| News Paper |  | ITPT Website |  | Former Student |  | DWP |  | SDS |  |
| Facebook |  | Word of Mouth |  | SAAS |  | Twitter |  | LinkedIn |  |
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| 1. **Why do you want to join this course?** | | | | | | | | | | | |
| Career Progression | | |  | | | Unemployed |  | Please specify if any Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Promotion at Work | | |  | | | Hunting for Employment |  |
| Career/Profession Change | | |  | | | Further Study |  |
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| **Student Disclaimer and 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 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. ITPT collects individual’s data for the following purpose, admission process, funding grants, 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 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. 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/Arab/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 for ITPT to hold written and electronic information about me that is relevant to my application.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  Note: Electronic Signature is accepted.  Please send your completed application form and supporting documents via email OR at these addresses:   |  |  | | --- | --- | | **Edinburgh:**  IT Professional Training Ltd (ITPT)  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:**  IT Professional Training Ltd (ITPT)  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: 0141 429 2922 | |