

Course Title 1 : _____ Code: _____

Course Title 2 : _____ Code: _____

Course Title 3 : _____ Code: _____

Course Title 4 : _____ Code: _____

• **PERSONAL DETAILS (Please complete in BLOCK CAPITALS)**

Surname: _____ Title: (tick) Mr Mrs Ms Miss

Forenames: _____

Date of Birth:

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 Gender: (tick) Male Female

Home Address: _____

_____ Postcode: _____

Telephone Number (including Code): _____ Mobile Number: _____

E-mail Address: _____ Are you an asylum seeker or refugee: Yes No

SQA Candidate Number. (If known): _____ How long have you been resident in the UK or EEA? _____

Employer: Business Name & Address: _____ Are there any restrictions on your right to remain in the UK? Yes No

Postcode: _____ Telephone Number (including Code): _____

Do you have additional learning requirements because of dyslexia, visual/hearing impairment, mobility difficulties or for any other reason?
Please tick the appropriate box Yes No If yes, please specify:

• **STATISTICAL DATA**

Permanent Home Location:

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 (Please refer to back page for codes) Ethnic Group:

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Type of Fee (Tick)

6 Government Supported Training		7 Day Release, Block Release, other PTD		9 Evening		10 Fee Waiver		11 New Deal	
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Source of Finance of Student (Tick)

5 Skillseekers		10 UK Industry & Commerce		14 Self Financing		16 New Deal		Fee Waiver (Insert type)	
17 ILA Funded									

Student Category (Tick)

8 YT/Skillseekers		11 Permanent/Temporary Employment		12 Registered Unemployed – Getting Job Seekers Allowance	
13 Registered Unemployed – NOT getting Job Seekers Allowance				14 NOT Registered Unemployed but NOT working	

- **PAYMENT OF FEES**
- **(A) EMPLOYER SPONSOR DETAILS & FINANCIAL APPROVAL**

Employer / Sponsor:	Address:
Telephone Number (including Code):	Postcode:

Reports to be sent to Employer / Sponsor? (tick) Yes No

The organisation named above hereby agrees to pay all fees incurred by the applicant listed under section "Personal Details". On signing this booking form, the company agrees to be credit checked. If the company fails the credit check, all fees must be paid prior to the booking being processed.

Name: _____

Designation: _____

Signature: _____

Date: _____

- **(B) –to be completed by customer**

STUDENT ELIGIBLE FOR REMISSION OF FEES

Remission of Fees: I wish to claim remission of fees and **enclose proof of entitlement** (tick)

Current evidence of eligibility must be submitted with this form. For state benefits, evidence must be dated within the last 4 weeks.

DECLARATION

I claim for remission of fees for the course/s identified, in accordance with the College's Fee Remission Policy.

Course Title 1: _____ Course Code 1: _____

Course Title 2: _____ Course Code 2: _____

Course Title 3: _____ Course Code 3: _____

Course Title 4: _____ Course Code 4: _____

Signed: _____ (Student) Date: _____

- **(C) –to be completed by member of staff making booking**

Category of Remission: _____

Proof of Entitlement: _____

Declaration

The above named student has been accepted for remission of fees for the course/s detailed on the basis of evidence submitted to prove eligibility. A copy of the evidence submitted is attached.

Signed: _____ (member of staff) Date: _____

APPLICANT'S DECLARATION – All students MUST complete this section

I understand that I will need to meet the costs of any exam registration(s), certification(s) or additional staff support.

In signing this form, I have read the conditions stated overleaf and I am entering into a contract with Aberdeen College.

I agree to be bound by Aberdeen College Student Terms and Conditions of Study.

Signature: _____

Date: _____

IMPORTANT – PLEASE READ CAREFULLY

In signing this form and/or taking up a place on this College course, you will enter into a contract with the College and be bound by the Aberdeen College Standard Terms & Conditions of study. Copies of the Terms and Conditions are available for inspection on notice boards and at locations throughout the College, at the College reception, on the College web site or it can be obtained on request from the College’s Information and Booking Centre Manager, Aberdeen College, Gallowgate Centre, Aberdeen, AB25 1BN.COMPUTER USER REGISTRATION

Your signature on this form implies acceptance of The Aberdeen College Computer Regulations and of the UKERNA JANET Acceptable Use Policy governing the networking services and facilities, which support the communication requirements of the UK education and research community. (Copies are available on request from the College’s Information & Booking Centre Manager).

STUDENT EMPLOYER LIABILITY FOR ALL FEES

The Employer and Employee as student shall be responsible for all fees due to and asked for by the College both jointly and severally. That is to say in the even that said fees are not paid by the employer either in whole or in part, the student shall be fully responsible for payment of the said fees.

DATA PROTECTION ACT

Please complete this form in full. The College is registered as a Data Controller under the Data Protection Act 1998. By signing this form you consent, for all relevant purposes connected with your application, studies or any other legitimate reason, to the College:

- (i) Using the information provided by you and third parties and to its necessary disclosure to relevant third parties (including but not limited to SFC and SQA) and;
- (ii) Accessing your personal data held by relevant third parties (including but not limited to SQA). You may apply for a copy of your information (you may be charged a small fee) or to have corrections or amendments made at any time. The College or selected third parties may wish to contact you for marketing purposes. If you do not wish to be contacted for marketing purposes please tick this box . If you tick this box we will be unable to provide you with information about special offers or courses that may be of interest to you. We require the information on this form to provide you with advice and service.

MARKETING INFORMATION

To assist us with our information services please could you indicate how you found out about the course(s) for which you have applied. Please *tick* the relevant box (es).

College Leaflet or Prospectus <input type="checkbox"/>	Careers Adviser <input type="checkbox"/>	Former College Student <input type="checkbox"/>	Press Advert <input type="checkbox"/>	Employer <input type="checkbox"/>	Web <input type="checkbox"/>	Friend or Relative <input type="checkbox"/>
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CODES FOR THE COMPLETION OF STATISTICAL DATA

Permanent Home Location (Domicile of Student)

100 Aberdeen City	110 Aberdeenshire	120 Angus	180 Dundee City	230 Edinburgh City
240 Falkirk	250 Fife	260 Glasgow	270 Highland	300 Moray
330 Orkney	340 Perth & Kinross	360 Shetland Islands	390 Stirling	410 Eilean Siar (Western Isles)

For other domicile codes please contact the Information & Booking Centre

Ethnic Group

10 Scottish	11 English	12 Welsh	13 Irish	14 Other White Background
15 Any Mixed Background	16 Indian	17 Pakistani	18 Bangladeshi	19 Chinese
20 Other Asian Background	21 Caribbean	22 African	23 Other Black Background	24 Any Other Background