

ESOL Application

Course Title(s):	Start Date(s):
Course Location(s):	Day/Evening:

Where did you find out about this course(s)?

Title:	Forename:	Surname:	Student Number (current and past students) <input style="width: 100%; height: 20px;" type="text"/>
Home Address:		Date of Birth	SQA/Scottish Candidate Number (if applicable) <input style="width: 100%; height: 20px;" type="text"/>
		Telephone (Home):	<p>Marketing From time to time, Moray College UHI may also use your information to contact you for marketing purposes.</p> <p>We may contact you by email, phone or mail.</p> <p><input type="checkbox"/> Please tick (✓) box if you would like to be contacted in respect of marketing of future College provision.</p>
		Telephone (Day):	
Postcode:		Mobile:	
Email:			

To help us monitor the effectiveness of our equal opportunities policy, please indicate to which group you belong:
[Please tick (✓) one box]

<input type="checkbox"/> (11) White British (inc. Wales & NI)	<input type="checkbox"/> (32) Asian or Asian British - Pakistani
<input type="checkbox"/> (12) White Irish (ROI)	<input type="checkbox"/> (33) Asian or Asian British - Bangladeshi
<input type="checkbox"/> (13) White Scottish	<input type="checkbox"/> (41) Mixed - White & Black Caribbean
<input type="checkbox"/> (17) White English	<input type="checkbox"/> (42) Mixed - White & Black African
<input type="checkbox"/> (18) White Welsh	<input type="checkbox"/> (43) Mixed - White & Asian
<input type="checkbox"/> (19) Other White	<input type="checkbox"/> (39) Other Asian background
<input type="checkbox"/> (21) Black Caribbean/British Black Caribbean	<input type="checkbox"/> (49) Other mixed background
<input type="checkbox"/> (22) Black African/British Black African	<input type="checkbox"/> (80) Other ethnic background
<input type="checkbox"/> (29) Other Black background	<input type="checkbox"/> (98) Information refused
<input type="checkbox"/> (34) Chinese	<input type="checkbox"/> (99) Information Not Known
<input type="checkbox"/> (31) Asian or Asian British - Indian	

Disability/Health or Medical Condition [Please tick (✓) relevant box(es)]

<input type="checkbox"/> (A) No known disability	<input type="checkbox"/> (E) Unseen disability (Diabetes/Asthma/Cancer etc.)
<input type="checkbox"/> (X) Dyslexia	<input type="checkbox"/> (J) Multiple Disabilities
<input type="checkbox"/> (C) Blind/Partially Sighted	<input type="checkbox"/> (I) Disability not listed
<input type="checkbox"/> (D) Deaf/Hearing impairment	<input type="checkbox"/> (G) Learning Difficulty
<input type="checkbox"/> (H) Wheelchair/Mobility	<input type="checkbox"/> (B) Autistic Spectrum Disorder
<input type="checkbox"/> (P) Personal Care Support	<input type="checkbox"/> (R) Information Refused
<input type="checkbox"/> (F) Mental Health	<input type="checkbox"/> I carry time-critical medicines (eg. Epi-pen)

Please tick (✓) box if you **would** like to arrange additional support (including learning support)

Please return completed form to **admissions.moray@uhi.ac.uk**
or post to **Administration Service Centre, Moray College UHI, Moray Street, Elgin, Moray. IV30 1JJ.**

(Please note: processing of postal applications will take longer due to Covid-19 restrictions)