

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)
Home Address:			Date of Birth: (DDMMYY)
Country of Birth:			SQA/Scottish Candidate Number (if applicable)
Postcode:		Nationality:	
Telephone (Home):	Telephone (Day):	Mobile:	
Email:			<p>Marketing</p> <p>From time to time, UHI Moray 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>

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"/> (12) White Irish (ROI) <input type="checkbox"/> (13) White Scottish <input type="checkbox"/> (17) White English <input type="checkbox"/> (18) White Welsh <input type="checkbox"/> (19) Other White <input type="checkbox"/> (21) Black Caribbean/British Black Caribbean <input type="checkbox"/> (22) Black African/British Black African <input type="checkbox"/> (29) Other Black background <input type="checkbox"/> (34) Chinese <input type="checkbox"/> (31) Asian or Asian British - Indian	<input type="checkbox"/> (32) Asian or Asian British - Pakistani <input type="checkbox"/> (33) Asian or Asian British - Bangladeshi <input type="checkbox"/> (41) Mixed - White & Black Caribbean <input type="checkbox"/> (42) Mixed - White & Black African <input type="checkbox"/> (43) Mixed - White & Asian <input type="checkbox"/> (39) Other Asian background <input type="checkbox"/> (49) Other mixed background <input type="checkbox"/> (80) Other ethnic background <input type="checkbox"/> (98) Information refused <input type="checkbox"/> (99) Information Not Known
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Disability/Health or Medical Condition [Please tick (✓) relevant box(es)]

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