



## For Office Use Only

Course Code

Applicant ID  
Number

Date Received

## COURSE DETAILS

Year of entry (e.g. 2014)

Month of entry

If you are not attending the main campus of Orkney College, where will you be studying? (e.g. name of learning centre, work place or home)

Title of the course you are applying for	Course Code	Year of Course	Mode of Study
If you wish to be considered for more than one course, you can give details for up to three courses in order of priority.	(If Known)	(1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> )	(See codes below)

Mode of Study: Full-time (FT), Part-time (PT), Distance Learning (DL), Evening (EW)

## PERSONAL DETAILS

First Names

Surname

Title (e.g. Mr/Mrs/Miss/Ms/Dr etc.)

Previous Surname (if any)

Date of birth (day/month/year)

Age

Gender (M/F)

Contact address

  
  


Postcode

Home address (if different)

  
  


Postcode

Telephone Number  
(day)

Evening

Mobile

E-mail

SQA / Scottish Candidate  
Number

Have you ever been a student at a UHI college?

Yes

No

If you answered yes:

Last course studied

Student number (if known)

Address at the time (if different from above)

Postcode



## EDUCATION (Continued)

Please give details of any examinations you will be taking or for which you are awaiting results

SUBJECT	LEVEL	AWARDING BODY (IF KNOWN)

## Work Experience (Relevant To Your Application)

Please tell us about any work experience you have that may be of relevance to the course you are applying for or if you believe any skills you have gained through your work will assist you in undertaking the course.

Employer's Name & Address	Job Description (Relevant To Your Application)	From (Month/Year)	To (Month/Year)

## REFERENCE

References are not normally required, however for certain courses and, in the case of students who do not have the usual entry requirements, a reference may be requested. Therefore, please give contact details for someone who would be willing to act as a referee for you.

Name of Referee

Address of Referee

Relationship of referee to you

Post/occupation of referee

School/college/organisation (if appropriate)

Contact number of referee

E-mail

## PERSONAL STATEMENT

Please tell us why you decided to choose this course and a little about yourself, hobbies and what you have been doing most recently (continue on a separate sheet if necessary).

Please Send to:  
Admissions  
Orkney College UHI  
East Road  
KIRKWALL  
Orkney  
KW15 1LX  
01856 569000

[www.orkney.uhi.ac.uk](http://www.orkney.uhi.ac.uk)

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**Information gathered in the following sections is not used in the selection process but is required for statistical purposes.**

### Additional Information

If you are under 21, please give the occupation of your parent, step-parent or guardian who earns the most. If they are retired or unemployed, give the most recent occupation.

If you are over 21, please give your own most recent occupation.

Please indicate whether or not any of your parents, step parents or guardians have higher education qualifications, such as a Degree, Diploma or Certificate of Higher Education?

Yes

No

*If you are unsure, please select 'don't know'; or if you do not wish to disclose this information please select 'I prefer not to say'.*

Don't Know

I Prefer Not To Say

Have you been in care? For example foster care, semi-independent living or residential care home

Yes

No

I Prefer Not To Say

How long has this been for?

Less than 1 week

1 week to 3 months

3 months to 1 year

1 year to 3 years

3 years or more

Which of the following best describes what you are currently doing?

At School

Other Education

Full-Time Work

Part-Time Work

Not Working – Not Registered As Unemployed

Registered Unemployed

Other

### DISABILITY / HEALTH OR MEDICAL CONDITIONS

UHI welcomes students with disabilities. We would encourage you to disclose any disability, health or medical condition and will try to meet your needs where we reasonably can. Please put a cross in the relevant box.

Likely Support Needs

A	You have no disability.
B	You have a social / communication impairment such as Asperger's Syndrome, Autistic Spectrum Disorder or other.
C	You are blind or have a serious visual impairment uncorrected by glasses.
D	You are deaf or have a serious hearing impairment.
E	You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart condition, or epilepsy.
F	You have a mental health condition, such as depression, schizophrenia or anxiety disorder.
G	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
H	You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
I	You have a disability, impairment or medical condition that is not listed above.
J	You have two or more impairments and/or disabling medical conditions.
N	Not Known

A	<input type="text"/>
B	<input type="text"/>
C	<input type="text"/>
D	<input type="text"/>
E	<input type="text"/>
F	<input type="text"/>
G	<input type="text"/>
H	<input type="text"/>
I	<input type="text"/>
J	<input type="text"/>
N	<input type="text"/>

## DISABILITY / HEALTH OR MEDICAL CONDITIONS (Continued)

Put a cross in the box if you have personal care support.

Put a cross in the box if you carry medicines which are time critical in their application (e.g. Epi-pen)

Put a cross in the box if you would like someone to contact you to discuss your requirements.

## ETHNIC ORIGIN

Please put a cross in the box that best describes your ethnic origin.

### White

11	British
13	Scottish
17	English
18	Welsh
12	Irish
15	Northern Irish
20	Polish
16	Gypsy / Traveller

### Asian / Arabic

31	Indian
32	Pakistani
33	Bangladeshi
34	Chinese
39	Any Other Asian
50	Arab

### Black

21	Caribbean
22	African
29	Any Other Black

### Mixed

41	White and Black Caribbean
42	White and Black African
43	White and Asian
49	Other mixed

80 Any other background

98 Information refused

## SOURCE OF INFORMATION

What was the most important source of information in your decision to apply to Orkney College, UHI?

Enter the appropriate code in this box from the following list.

FT	Orkney College Prospectus / Leaflet	NE	Press advert/article	OD	Visit to college/open day
RA	Radio/TV	EM	Employer	FF	Friend/family
LIB	Library	SL	School	CE	Careers convention
CSS	College student services	LC	Learning centre	LF	Leaflet through door
WEB	Orkney College Website	UWEB	UHI Website	INT	Other Website
TV	TV Advertisement	ULF	UHI Leaflet	UHIP	UHI Prospectus
UTV	UHI TV Advertisement	Other Source Not On List – Please Specify		<input type="text"/>	

If you used more than one source, please enter codes for the next two most important ones in the following boxes.



The University of the Highlands and Islands and Academic Partners are registered under the 1998 Data Protection Act. By signing this form you consent to these bodies holding and processing your personal data for all purposes connected with our statutory and business requirements. Where required, your information may be supplied to other official agencies e.g. Higher Education Statistics Agency (HESA), Universities and Colleges Admissions Service (UCAS).

**I confirm that to the best of my knowledge, the information I have given on this form is correct.**

Signature: \_\_\_\_\_

Signature of parent/guardian if under 16: \_\_\_\_\_

**If you are on the 'At Risk' register please inform Orkney College.**

**Return the completed form to: Admissions, Orkney College UHI, East Road, Kirkwall, Orkney, KW15 1LX**