

# Enrolment Form



Please complete in BLOCK CAPITALS  
Section 1: Personal Information

Student ID:

Forename(s)					
Surname:				Date of Birth:	
Home Address:					
Town:		Region:		Postcode:	
Home Tel No:		Mobile No:			
<i>By supplying your mobile number, you are agreeing that we can send you reminders and short messages by text.</i>					
If you have been known by any other last name (ie: recently married) please enter previous last name					
Email Address:					
Scottish Candidate No:		Nationality:			
In which country have you been permanently resident for the last three years?					

## Emergency Contact Details:

Full Name:		Relationship:	Contact Number:	
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## Section 2: Course Information

Course Title:			
Start Date:		Expected Completion Date:	

## Section 3: School & Previous Qualifications (enter number of qualifications)

If you are currently a school pupil please tick this box:

If you are currently a school pupil, or left school in the last 5 years, please state the secondary school attended:

## Section 4: Fee Information

Please note it is your responsibility to ensure that all required funding applications are completed fully to ensure that where eligible fees will be paid.

Who is responsible for the payment of your course fees? (tick one box only)

SAAS	<input type="checkbox"/>
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Self-Funding	
Employer/Sponsor	

### Section 5: Employer/Sponsor Information

Information requested regarding your employer/sponsor will be used to provide progress/attendance and, where appropriate, to issue an invoice for the payment of your course fees.

**Has your employer to be sent progress/attendance? (please circle) Yes / No**

Employer/Sponsor Name:
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#### Contact/Address Information for sending Progress/Absence Reports

Contact Name:			
Company/Section:			
Address (including Town and Postcode):			
Tel No:		Fax No:	
Email Address:			

#### Contact/Address Information for Invoicing Purposes (if different from above)

Contact Name:			
Section:			
Address (including Town and Postcode):			
Tel No:		Fax No:	
Email Address:			

### Section 5: Meeting your Needs/Care Experienced/Young Carers

We will use this information to make sure you have access to the services and support you may require. Yes / No

Which best describes your first or preferred language?

English		Gaelic		British Sign Language (BSL)	
Any other national language		Prefer not to say			

Please indicate if you fall under the following schemes:

Stateless Person		Bereaved Children Scheme		Iraqi Direct Entry Assistance Scheme	
Profound and Complex Needs		Asylum Seekers		Refugees	
Person Granted Humanitarian Protection		Person Granted Discretionary Leave to Remain		Syrian Vulnerable Persons Relocation Scheme (VPRS)	

Veterans		Afghan Locally Employed Staff	Estranged Person	
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**Additional Support Requirements:**

Please tick this box if you consider yourself to have additional support requirements that might affect your studies, e.g. disability, difficulties with learning, health condition or impairment. **(we will contact you in confidence to discuss your individual needs and the support available).**

**Young Carer**

A young carer is a young person who provides care to another individual in their family who is ill, misuses drugs or alcohol or has a disability. The term is normally used for those under 18 years old, however we extend this up to 26 years old.

Do you have unpaid caring responsibilities for a family member or friend who is ill, frail, disabled or has a mental health or addition problem? (please circle) Yes / No

Please indicate who you care for?

Adult(s) 18 or over Child/Children under 18

Disabled Child/Children under 18	Prefer not to say	
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**Care Experienced**

A care experienced person is someone who has been or is cared for by a local authority; this could be in residential care, foster care, kinship care, cared for by friends or relatives or in local authority care at home.

Are you or were you Care Experienced? (please circle) Yes / No/ Prefer no to say

If you are or have been care experienced recently left care, for example foster care, please select whether you are in one of the following:

Aftercare	Continuing Care	
Foster Care	Kinship Care	
Residential Care Unit		

**Section 6: Equal Opportunities**

Moore House Training is committed to creating and maintaining a learning environment that is open, welcoming and positive and in which everyone feels valued and supported. The information below will help us monitor statistics, ensuring that our Equality and Diversity Policy is effective.

**Type of Disability (Please select the options below that apply to you)**

No known disability	
Specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	
Social/communication impairment such as Asperger's syndrome/ other autistic spectrum disorder	
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
A mental health condition such as depression, schizophrenia or anxiety disorder	
A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	
D/deaf or hearing impairment	

Blind or a serious visual impairment uncorrected by glasses	
A disability, impairment or medical condition that is not listed above	
Specific learning disability such as Down's Syndrome	

This information is private and confidential and will help us monitor statistics, ensuring that our Equality and Diversity Policy is effective.

**Ethnicity: (please tick one box)**

Arab		Black Scottish/British Any other Background	
Asian – Bangladesh		Black Caribbean Polish	
Asian – Chinese		23 Other African Background White English	
Asian – Indian		British White – Irish	
Asian Pakistani		Gypsy/Traveller White – Scottish	
Asian Background – other		Mixed Background White – Welsh	
Black - African		Northern Irish White Background – Other	
Prefer not to say		Other Caribbean or Black Background	
Information not known			

**Religion, Religious Denomination or Body (please tick one box)**

None		Christian: Protestant Christian: Roman Catholic	
Christian: Other		Muslim Buddhist	
Sikh		Jewish Hindu	
Another religion or body		Prefer not to say	

**Sexual Orientation (please tick one box)**

Heterosexual (Straight)		Gay Man	Gay Woman/Lesbian	
Bi/bisexual		Other	Prefer not to say	

**Sex of Student (please tick one box)**

Male (incl trans man)		Female (incl trans woman)	In another way	
Prefer not to say				

**Which best describes your current marital or partnership status? (please tick one box)**

Married		In a same-sex civil partnership	Other	
Prefer not to say				

**Are you currently pregnant or have you been pregnant in the past year? (please tick one box)**

Yes		No	Prefer not to say	
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### Section 7: Unit Selection:

MHTA are required to submit unit selection in a timely manner according to SQA and other Awarding Bodies Policy. Please enter the units selected for completion. This ensures that MHTA can register the learner for their qualification and result the qualification within 2 weeks if being signed by an Internal verifier (Where applicable).

Unit Code	Unit Number	Unit Title

### Section 8: Declaration

I understand that Moore House Training Academy requires the information I have provided on this form for the purpose of processing my enrolment. Moore House Training Academy is obliged to share information about you with Scottish Qualification Authority (SQA) and other awarding bodies.

We'd love to keep in touch with you about our courses and services that may be of interest to you, now and in the future. You can opt out of this service at any time. Please tick if you wish to receive information about:

Courses and services Employment opportunities

By signing this form you are agreeing to MHTA terms and conditions.

Date:

Student  
Signature:

Date:

Curriculum  
Signature: