

# NAPIER UNIVERSITY

## EDINBURGH



### Supplementary Personal Information Form

--	--	--	--	--	--	--	--

Please complete the form in **BLACK INK**, using **BLOCK CAPITALS** throughout, and return it with your completed application form. Please leave shaded boxes clear. If you have any query whilst completing this form, please call us on 0131 455 2535 for advice.

On this form we ask for further information that is important to us, but does not form any part of the application process. For this reason, this form will be removed from your application whilst it is being considered.

#### Personal Details

*Please enter in the same format as Page 1 of the application form.*

Family Name	_____
First Name(s)	_____
Title	<b>Mr / Miss / Mrs / Ms / Dr / Other</b> _____
Date of Birth	_____
Previous Last Name, or Family Name at age 16	_____
Programme 1	_____
Programme 2	_____
Programme 3	_____

#### Ethnicity

*We are required to record this by the Higher Education Statistics Agency (HESA).*

White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black-Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black-African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black-Other	<input type="checkbox"/>	Asian-Other	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>

#### Entry and Residence Category

*This information is required for both statistical purposes and to assist in the calculation of your fee status.  
Please complete all fields.*

Have you previously studied in Higher Education – if so, where?	_____
Nationality	_____
Country of Birth	_____
Permanent Domicile (country if outwith UK or town if within UK)	_____

**Personal Details**

*This information will help us identify any assistance you may require. It may be used by the Disability Advisor within the Faculty to identify any special requirements you may need.*

I have a disability	Yes	No
I have a disability, which is registered, (please tick relevant box below)	Yes	No
Are you in receipt of Disabled Student Allowance	Yes	No
What is your Disability Registration Number	<input type="text"/>	

Dyslexia	<input type="checkbox"/>	Wheelchair User/ Mobility Difficulties	<input type="checkbox"/>
Deaf/Hearing Impairment	<input type="checkbox"/>	Mental Health Difficulties	<input type="checkbox"/>
Personal Care Support	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Unseen disability (eg diabetes, asthma)	<input type="checkbox"/>	Other (not listed)	<input type="checkbox"/>
Blind/Partially Sighted	<input type="checkbox"/>		

**Payment of Fees**

*Who will be responsible for the payment of your fees.*

Student Awards Agency for Scotland (SAAS)	<input type="checkbox"/>	Local Education Authority	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Other Sponsors	<input type="checkbox"/>
Self	<input type="checkbox"/>		

**Fee Calculation**

*Please tick the appropriate box (which relates to you) from the following Residence categories.*

UK/European Union (EU) National, Resident in the European Economic Area (EEA) for the past three years	<input type="checkbox"/>
UK/EU National, temporarily employed outwith the EEA	<input type="checkbox"/>
Non EU National, exempt Immigration control and resident in the last three years	<input type="checkbox"/>
Non EU National, with refugee status or Exceptional Leave to Remain	<input type="checkbox"/>
National of Norway, Iceland or Liechtenstein in the UK as Migrant Worker	<input type="checkbox"/>
None of these	<input type="checkbox"/>

If you are not a UK/EU National, state the date shown on your passport of most recent entry to the UK \_\_\_\_\_

**Convictions**

Do you have any criminal convictions?	Yes	No
Have you previously been refused admission to study, or continuation to study, other than on academic grounds?	Yes	No
If so, when _____ and where _____		

**Applicant Declaration**

*Please sign and date this section.*

I certify to the best of my knowledge that the information provided on this application form is correct. I understand that a false declaration could lead to withdrawal from the University. I agree that Napier University may process personal data obtained from me whilst an applicant or student, for any purposes connected with my application or for any other legitimate reason.

Signed \_\_\_\_\_ Date \_\_\_\_\_