

**ENTERPRISE CORNWALL APPLICATION FORM**

This course has been part supported by the European Social Fund through ESF Enterprise Cornwall funding, project number 11202NC05.

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| --- | --- |
| Student name |  |
| Student code |  |  |  |  |  |  |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Date of birth |  |
| National Insurance number |  |  |  |  |  |  |  |  |  |
| Course |  |
| Preferred email address |  |
| Preferred telephone number |  |

**Employment status prior to course**

Please tick the **one** box that is most applicable to your status as at the start of your course.

In full-time education [ ]

Employed by a company with:

10 or less employees [ ]

11 – 49 employees [ ]

50 – 249 employees [ ]

250 or more employees [ ]

Self-employed [ ]

Economically inactive [ ]
(retired/voluntary unemployment)

Unemployed for:

1 day – 6 months [ ]

6 – 11 months [ ]

12 – 23 months [ ]

24 – 35 months [ ]

over 36 months [ ]

**Education status prior to course** (please tick Yes or No)

Do you have a Level 4 qualification? Yes No
(eg undergraduate degree, HE diploma, NHC, [ ]  [ ]
HND, Foundation Degree, Cert HE)

If yes, in what subject?

If no, what is your highest level qualification?

**Equal opportunities** (please tick Yes or No) Yes NoDo you consider yourself to have a disability? [ ]  [ ]

**Ethnicity** (please tick the category that applies)

**White**

British [ ]

Irish [ ]

Other [ ]

**Mixed**

White and Black Caribbean [ ]

White and Black African [ ]

White and Asian [ ]

Other mixed background [ ]

**Asian or Asian British**

Indian [ ]

Pakistani [ ]

Bangladeshi [ ]

Other Asian background [ ]

**Black or Black British**

Caribbean [ ]

African [ ]

Other Black background [ ]

**Chinese or other ethnic group**

Chinese [ ]

Any other ethnic group [ ]

**Prefer not to say**

Not stated [ ]

**Convergence programme eligibility**

Are you currently resident in Cornwall? Yes [ ]  No [ ]

Do you work for a Cornish company? Yes [ ]  No [ ]

If yes, name of company

**Previous ESF support**

Have you previously received support from ESF? Yes [ ]  No [ ]

If yes, when? For how long?

**To satisfy the requirements of the European Social Fund eligibility criteria for Convergence, you must supply the information below.**

* I acknowledge that the information given above is needed to satisfy European Social Fund (ESF) rules and that any assistance from ESF funds is conditional upon the authenticity of the information I have supplied.
* I understand that the information collected will be used to report, for statistical purposes, to the Funding Agencies and their representatives.
* I have been made aware that the ESF unit reserves the right to contact me up to six months after the end of my financially assisted project.
* To my knowledge, I have not been in receipt of European assistance from any source for more than three consecutive calendar years.
* I undertake to notify the University in writing if I withdraw from my studies and commit to complete the appropriate paperwork stating my reasons for leaving and to refund any funding to which I am not entitled.
* I understand that it is a requirement of the funding that I cooperate with the external project evaluators and agree to be contacted by the evaluators and agree to respond to their queries in a timely manner.

Your signature here indicates that the information you have supplied is correct

**Signature** **Date**

Please return the form to Kamran Harandy, External Funding Office, Falmouth University, Woodlane, Falmouth TR11 4RH

If you have any queries please contact Kamran Harandy on 01326 213838

|  |
| --- |
| Office Use Only:Eligible? Yes [ ]  No [ ] Signed: ...........................................................Date: ................................ |