

**ENTERPRISE CORNWALL APPLICATION FORM**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: ................................ |