

Application Form



Only for applications not handled by a clearing house (UCAS/GTTR/NMAS)

Please read the *How to Apply* section before completing. Please complete in BLOCK CAPITALS.

For office use only	App. no <input style="width: 90%;" type="text"/>	Fee status <input style="width: 90%;" type="text"/>
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1 Personal details

Title Male (M) Female (F) Date of birth

D	D	M	M	Y	Y
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>

Surname/family name

First/given name (s)

<p>Home address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode</p> <p>Telephone (including STD/area code)</p> <p>.....</p> <p>Mobile telephone no</p> <p>Email address <input style="width: 90%;" type="text"/></p>	<p>Postal address (if not home)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode</p> <p>Telephone (including STD/area code)</p> <p>.....</p> <p>Other telephone no</p>
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2 Further details

Area of permanent residence

Country of birth

D	D	M	M	Y	Y
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>

Nationality Date of first entry to live in UK

<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
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Who is paying for your course?

3 Courses applied for (in order of preference)

Course title	Mode of study (eg. FT/PT/DL/flexible)	Month & year of entry	Stage ie. Year 1				
1		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	
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2		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	
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3		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td><td style="width: 20px;"><input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>				

4 Criminal convictions If you have a relevant criminal conviction, enter an X in the box.
 See *How to Apply* for details.

5 Disability/special needs If you have a disability or special needs, enter the relevant code in the box.
 See *How to Apply* for details.

6 School/college and university education (from age 11, starting with the most recent)

From	To	Institution	PT/FT/SW
MMYY	MMYY		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

7 Qualifications completed (exams or assessment, etc)

Date	Subject	Level eg. GCSE, A level, BTEC, other	Result/grade	Date	Subject	Level eg. GCSE, A level, BTEC, other	Result/grade
MMYY				MMYY			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			

8 Qualifications not yet completed

Subject	Level of award eg. BA (Hons)	Expected completion date
		MMYY
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

9 English language proficiency (international students only)

Was English the language of instruction in your previous institution Yes No Partly

Number of years you have studied in English

I hold the following qualifications

DDMMYY

IELTS Score (if known) Date of test Location

TOEFL Score (if known) Date of test Location

Other (please specify)

Score (if known) Date of test Location

If test yet to be completed, please state date to be taken Location

IELTS TOEFL Other

10 Additional training

Subject	Organising institution	Completion date
		MMYY
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

11 Employment history

Name of employer/organisation	Nature of work	From	To	PT/FT
		MMYY	MMYY	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	

