



Data Protection Act 1998

The data collected on this form will only be used for the purpose of student and course administration as required by the college and will be retained securely. (Please complete in BLOCK CAPITALS in black ink)

PERSONAL DETAILS		College Ref No	
Title: Mr/ Ms/ Mrs etc:		Surname (Family name):	
First name(s):		Date of Birth (dd/mm/yyyy)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> (Tick as appropriate)
Address for Correspondence: Post Code:		Permanent Address (if different) Post Code:	
Telephone: Telex/ Fax:		Telephone: Telex/ Fax:	
Email address		Disability/ Special Needs (Tick as appropriate)	
(i) Country of Birth:		1. Dyslexia <input type="checkbox"/>	
(ii) Nationality (as on Passport)		2. Blind/ Partially sighted <input type="checkbox"/>	
(iii) If you have ever lived outside (or were born outside) the UK/EU please answer the following:		3. Deaf/ Hearing impairment <input type="checkbox"/>	
(a) Please state the time spent outside UK/ EU Dates: From:.....To:.....		4. Wheelchair user/ Mobility difficulties <input type="checkbox"/>	
(b) Have you applied for Refugee or Asylum status? Yes <input type="checkbox"/> No <input type="checkbox"/>		5. Personal Care Support <input type="checkbox"/>	
(c) Is your stay in the UK/ EU solely for education purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Mental Health difficulties <input type="checkbox"/>	
(d) Why do you want to study in the UK?		7. Unseen Disability <input type="checkbox"/>	
Payment of Tuition Fees Maintenance amount Who is expected to pay your fees? (Please tick)		8. Disability not listed <input type="checkbox"/>	
Your Employer <input type="checkbox"/> Yourself <input type="checkbox"/>		9. Other <input type="checkbox"/>	
Scholarship <input type="checkbox"/> TCOL (sta member) <input type="checkbox"/>		Proposed Study Details	
Other sponsor (Please specify below)		Proposed date of entry	
		Month	
		Year	
		(Tick)	
		Method of study	
		Full-time <input type="checkbox"/>	
		Part-time EU only <input type="checkbox"/>	
		Indicate if you are applying for external study <input type="checkbox"/>	
		Foundation L3 <input type="checkbox"/>	
		Diploma <input type="checkbox"/>	
		Advance Diploma L5 <input type="checkbox"/>	
		PGD Level 7 leading to Masters <input type="checkbox"/>	
		Next of Kin 1:	
		Next of Kin 2:	
		Relationship:	
		Relationship:	
		Contact No.:	
		Contact No.:	

2. ACADEMIC QUALIFICATIONS Please state most recent first and attach copies of certificates/ transcripts

Name of University College, School (From secondary school or the equivalent)	Dates attended	Main Subject(s)	Award obtained	Grade/ Class

3. PREVIOUS POST GRADUATE STUDY (IF ANY)

Give details:

4. PROFESSIONAL AND OTHER QUALIFICATIONS

Name of awarding body	Subject in which award obtained	Qualification obtained

5. EMPLOYMENT AND EXPERIENCE List your employment with dates. Start with the most recent.

Employer's Name and Address	Dates	Position Held	Brief Outline of Duties

6. PROFICIENCY IN ENGLISH

State your level of English Proficiency (Tick as appropriate)

Beginner

Basic

Intermediate

Advanced

7. REFEREES

Give names, positions and addresses of two people who have been involved in supervising your recent academic work. If you have not been in education for a number of years please give the name of your current employer instead of one academic referee.

Referee 1 Name:	Referee 2 Name:
Post held:	Post held:
Address: Post Code:	Address: Post Code:
Telephone No:	Telephone No:
Email:	Email:

8. CRIMINAL CONVICTIONS

Do you have any criminal convictions?

YES

NO

If you have been convicted of a criminal offence, excluding motor offences for which a fine and/ or up to three penalty points were imposed, you are required to declare this. If you tick the 'YES' box you will be required to provide details of the conviction.

9. DECLARATION

I confirm that the answers and other information given on this form are correct and complete to the best of my knowledge. If I am admitted to the College I understand to observe the College's regulations and to ensure payment of fees and other liabilities, including regular attendance of lectures as per college & UKBA policy.

Signature of Applicant _____

Date _____

CHECKLIST

- Have you
- 1 Completed the application form in full?
 - 2 Attached copies of transcripts/ certificates of your qualifications?
 - 3 Attached completed references to the application form?
 - 4 Attached documentary evidence of your settlement in the UK or EU (if appropriate)
 - 5 Attached research proposal outline?
 - 6 Statement of purpose

Please return this completed application form with references to:

Epitome Academy
 9 Kedleston House
 Prime Business Park
 Aspen Drive
 Derby
 DE21 7SG

Telephone: 01332 548500

Fax: 01332 548509

Email: enquiries@epitomeacademy.co.uk

FOR COLLEGE USE ONLY

Decision to be completed by Head of Department

1. OFFER

Unconditional		Qualifications checked		References checked	
Conditional		Yes	No	Yes	No
Conditions:					
Are research facilities available?					

Recommended registration:

Diploma	
Undergraduate	
Postgraduate	

Mode of study:

Full-Time	
Part-Time	
Part-time whilst resident overseas	

Date of registration

Day	Month	Year

Duration of study

Months	Years

Give details of proposed supervisory arrangements:

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2. REJECT

Reasons (tick):	Qualifications <input type="checkbox"/>	Facilities not available <input type="checkbox"/>	Other (detail below) <input type="checkbox"/>
Signed:	Date:		