



Please attach your recent passport size photo

## Application for admission

Please complete this form in **BLOCK CAPITALS**

### Course Details

Course Code	Course Title	Start Date	Study Mode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Personal Details

Title (Mr,Mrs,Miss,Ms etc)  First Name

Surname

*Please state your name in the style you require it to appear on your certificate.*

#### Address

Permanent Home Address

<input type="text"/>
<input type="text"/>
Town
County/State                      Postcode
Country

#### Address for Correspondence

(if different)

<input type="text"/>
<input type="text"/>
Town
County/State                      Postcode
Country

Tel/Mobile

Tel/Mobile

E-mail

Fax

#### Sex

Male  Female

#### Marital status

Married  Single  divorced  Widowed

Date of Birth ...../...../.....(DD/MM/YY)      Country of Birth

Nationality       Mother Tongue

***PS: Please note our minimum age for admission is 18 yrs***

## Academic Record

Please give details of the last two educational establishments attended

Name

Name

Type of Institution (Primary, Secondary, College etc)

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Date of Entry

Date of Leaving

Date of Entry

Date of Leaving

## Educational Qualifications

### School Examinations Taken

Year

Examining body

Type of Exam

Subjects taken with grades

Year	Examining body	Type of Exam	Subjects taken with grades
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State your level of English proficiency

Beginner  Basic  Intermediate  Advanced

## Diploma or other certificate

Date passed	College	Address	Award/grade

## Other Qualifications (Academic & Professional)

Date	Professional body/awarding institution	Award achieved

## Two References

Please give details of two persons we should contact for reference.

Title (eg.Dr,Mr,Mrs)

First name

Surname

Address

  
  

Tel

Title ( eg.Dr,Mr,Mrs)

First name

Surname

Address

  
  

Tel

## Sponsor Details (Who is going to pay your fees?)

Relationship .....

First name

Surname

Address

  
  

Tel

## Checklist

- \* Please complete all sections
- \* Include the correct fees(Cheques payable to Epitome Academy ) A place can only be reserved once the fees have been received. Please note that £100 registration fee is not refundable.
- \* Read carefully the rules and regulations in the prospectus before completing this form.Failure to complete the form in full may result in delays processing your application. Please submit all necessary documents.

- *Minimum study 15 hours per week*

Email



The Disability Discriminations Act identifies support needs as listed below. If you feel that any of the following categories apply to you, please choose where appropriate and add comments accordingly.

- Visual impairment
- Hearing Impairment
- Disability affecting mobility
- Other physical mobility
- Other medical condition (eg. epilepsy, asthma, diabetes)
- Emotional/behavioural difficulties
- Mental ill health
- Temporary disability after illness or accident
- Profound complex disabilities
- Asperser's Syndrome
- Multiple disabilities
- Other
- No disability
- Not known/information not provided
  
- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism Spectrum disorder
- Multiple learning difficulty
- Other
- No learning difficulty

Support: Have you received any special learning support at school? (eg. Have you had extra time in exams or a statement of educational need?)

Yes

No

If Yes please provide brief details:

Would you like a Learning Support member present at your interview?

Yes:   No

Date .....

Signature.....

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**For office use only**

Conditional  Unconditional  Course Code  Student ID

Interviewed Yes/No if Yes Date .....

Declined  Comments .....

Authorized Signature ..... Date .....

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Company registration Number: 05600345