



PARTNER COLLEGE

Direct Application Form

(for Undergraduate, Postgraduate, Full-Time, Part-Time and Distance Learning Programmes)

1. PERSONAL DETAILS

Title: Mr/Ms/Miss/Mrs etc:

Surname/Family Name:

First Name(s):

Correspondence Address:

Postcode:

Telephone Number (including Area Code):

Day:

Evening:

Fax Number:

E-mail:

Home Address:

Postcode:

Gender: Male ☐ Female ☐

Date of Birth: Day Month Year

2. PERSONAL STATUS

(i) Country of Birth:

(ii) Nationality (as on Passport):

(iii) Country of usual permanent residence:

(iv) Have you ever lived outside (or were born outside) the EU?: Yes ☐ No ☐

(v) Applicants not born in the EU answer the following:

(a) Last date of entry to the EU excluding holidays? Date

(b) Have you applied for Refugee or Asylum status in the UK?: Yes ☐ No ☐

(c) Have you been granted indefinite leave to remain in the UK?: Yes ☐ No ☐

(d) Is your stay in the UK for education purposes, i.e. a student visa?: Yes ☐ No ☐

3. PAYMENT OF FEES

Who is expected to pay your fees? (tick as appropriate):

Your Employer ☐ Yourself/Relative ☐

Other Sponsor ☐ SFE (SLC) ☐

Please specify: Do you have a Disability/Special Needs?: Yes ☐ No ☐If **yes** please tick appropriate box in Section 14 on page 3

4. APPLICATION FOR: 5. COMMENCEMENT:

☐ Undergraduate ☐ Autumn (October) 20 ☐ Spring (February) 20 ☐ Summer (July) 20 (subject to availability)

☐ Postgraduate

6. MODE OF STUDY:

 Are you applying for credit transfer? Yes ☐ No ☐
☐ Professional☐ Full-Time ☐ Distance Learning ☐ Part-Time Weekends☐ Vocational☐ Part-Time (Saturdays) ☐ Part-Time evening only (subject to availability)

7. ACADEMIC PROGRAMMES TO WHICH YOU ARE APPLYING:

Academic award required

1st choice of academic programme title:
2nd choice of academic programme title:
3rd choice of academic programme title:

8. EDUCATIONAL QUALIFICATIONS

Please state most recent first and attach copies of certificates or transcripts where possible. For international students these should be in both original language and English. Do not enclose original certificates.

University, College, School, Name and Address	Degree, Diploma, Certificate, A-level, VCE, GNVQ, others	Subject(s)	Pass Overall or Fail Overall	Grades, Division, Class	Date started and Date awarded
Exams to be taken or results awaited					

Continue on separate sheet if necessary

9. ENGLISH LANGUAGE QUALIFICATIONS

If English is not your first language this section must be completed. Please specify which English language qualification you have or intend to take, and give the relevant grade/score for all components [eg. IELTS, TOEFL, CAE, TOEIC]

10. EMPLOYMENT

Employer's Name and Address	From: Month & Year	To: Month & Year	Position Held	Full-time or Part-time	Brief Outline of Duties

11. PERSONAL STATEMENT

You are advised to complete this section with particular care and as fully as possible. Continue on a separate sheet if required. You should include:

- Your reasons for choosing the award/programme of study
- The knowledge, skills and positions of responsibility you have obtained through your work and/or education, which might be relevant to your award/programme of study.
- The work experience and/or personal developments, which have been most important to you.
- The challenges facing you in your studies, work or personal career development.
- Your future career plans.

Continue on separate sheet if required

12. CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes ☐ No ☐

If yes, please attach details about your offence and conviction, including dates and court convicted at. For Teaching/Health & Social Work programmes any criminal conviction including spent sentences and cautions must be declared. For further guidance contact the Admissions Office.

13. NAME AND ADDRESS OF REFEREE

1. Indicate below the two referees to whom you have sent the enclosed reference forms:

2. Please try to supply:

- One academic reference from your most recent place of study eg. School, College or University
- A reference from your present/recent employer.

3. We will not normally request references from your referees. It is your responsibility to ensure that all references are forwarded to the Admissions Office, The London College, UCK.

REFEREE 1

Name:

Position:

Telephone:

E-mail:

REFEREE 2

Name:

Position:

Telephone:

E-mail:

14. DISABILITY/SPECIAL NEEDS

The college encourages you to disclose any disability or medical condition, which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services, which meet your needs. Please tick appropriate box:

No Disability ☐

Dyslexia ☐

Blind/Partially Sighted ☐

Deaf/Hearing Impairment ☐

Wheelchair User/Mobility Difficulties ☐

Personal Care Support ☐

Mental Health Difficulties ☐

Unseen Disability ☐

Disability not listed above ☐

If disabled, please provide brief details:

15. ETHNICITY MONITORING

The college is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection indicate your ethnic group and tick the appropriate box to indicate your cultural background

White ☐	British ☐	Irish ☐	White and Asian ☐	Pakistani ☐
African ☐	Indian ☐	Chinese ☐	Caribbean ☐	Bangladeshi ☐
White and Black Caribbean ☐	Black or Black British ☐	Chinese or other this group ☐	White and Black African ☐	Asian or British Asian ☐
Any other White background (specify) ☐	Any other Black background (specify) ☐	Any other mixed background (specify) ☐	Any other Asian background (specify) ☐	Any other (specify) ☐
				Mixed ☐

16. DISTANCE LEARNING APPLICANTS ONLY

Please state the country/city where you intend to study: City Country

Have you previously studied at UCK?: Yes ☐ No ☐

If **yes** please state your old Student ID Number (if known)

17. HOW DID YOU HEAR ABOUT THE PROGRAMMES AT UCK?

We would be grateful if you could indicate below how you heard about the course you have applied for. This will enable us to plan further publicity more effectively

CHECKLIST

Have You:

- Completed the application form in full.
- Attached **2 recent passport-size photographs**.
- Attached **copies** of transcripts/certificates of your qualification (where possible)
- **DO NOT SEND ORIGINAL CERTIFICATES**
- Sent References Request Form for completion to two referees.

PLEASE RETURN:

**Admissions Office,
The London College, UCK
Victoria Gardens,
London W11 3PE, UK**

**Tel: +44 (0) 20-7243-4000
Fax: +44 (0) 20-7243-1484**

Application No. (Office use only)

This Section is for OFFICE USE ONLY - Do not complete

Date Received:	Dept:	Course:
Course Offered:	Year:	
Interview/Test: Time	Location	Date
With	Unconditional Offer: Yes ☐ No ☐	
Conditional Offer: Yes ☐ No ☐	Basis of offer:	
Number of T/C awarded:		
The conditions of the offer are:		
1.	Reject: Applicant not suitable for course Yes ☐	
2.	Course: Conditional ☐	
Reason: If rejected can you suggest a more suitable course?		Unconditional ☐
Academic Signature	Date	

CONDITIONS OF ACCEPTANCE

- Programme details are correct at the time of going to press but are subject to alteration without prior notice.
- Academic or vocational programme will only take place if justified by demand.
- Overseas students must comply with Home Office with UKBA regulations on immigration. Absence due to illness must be supported by a medical certificate.
- Accommodation can only be arranged if a student received a firm acceptance at the College.
- Request for withdrawal or termination from any academic programme must be submitted by the student in writing before action can be taken.
- All prospective students are advised to check that their proposed affiliated academic programme will meet the requirements of vocational associations, sponsors, agencies or employers before enrolling on an academic programme.
- All prospective students are responsible for selecting their academic programme of study and its associated published course contents, this establishment shall not accept any liability whatsoever for any student who fails to check his/her personal academic requirements before enrolling on any programme.
- Tuition fees are payable in advance, either annually or by agreed instalments and are subject to alternation without prior notice.
- Fees are neither refundable nor transferable.
- All fees are inclusive of UK taxes.

DECLARATION

I certify that the above information is correct to the best of my knowledge and accept the conditions specified on this application form and promise to be bound by the General Regulations & Policies of this College.

SIGNATURE OF APPLICANT DATE

Transcript Request



To the applicant:

An original transcript, in English, is required from all applicants. If you are at a UK university which does not supply transcripts please ask your referees to comment on your progress at university, including the marks obtained in your first, second and third years. Please complete the boxes below with your name and academic programme(s) applied for. Please pass this form to your current or previous university and ask for an official transcript to be returned to you in signed and sealed envelope. Please return the unopened envelope to the Admissions Office.
UCK, 20 Victoria Gardens, London W11 3PE, UK

Name of applicant:

Programme(s) applied for:

To the registrar:

Applicants for admission study are asked to submit a complete set of documents with their application form. Official transcripts in English are required from all applicants. We should be grateful if you would supply a transcript of this student's record at your institution. Please seal your envelope, sign the back of the envelope over the seal, attach this form and return it to the applicant for onward transmission to UCK.

Please cut

Fee Payment Application



To the applicant:

If you wish to pay your application fee by debit or credit card* please complete the details below and return it to the Admissions Office, The London College, UK or fax it to 00 44(0)20 7243 1484

Name of applicant:

Programme(s) applied for:

UCK Id Number (if known):

Name of cardholder:

Address of cardholder:

Card type:

Visa ☐

Delta ☐

Electron ☐

JCB ☐

MasterCard ☐

PIN Train ☐

Solo ☐

UK Maestro ☐

Fortoak ☐

Switch (TR) ☐

Visa (TR) ☐

Card number:

Valid from date:

Expiry date:

Issue Number (if any):

I, the undersigned, agree that the following sum may be debited from my debit/credit card*:

Sum to be deducted: £

Signature of the cardholder:

Note: All transaction should be made in pounds sterling

* Payments over £400 made by credit card will incur an additional 2% handling charge.

Please cut