

# **Application Form**

### Please complete in **BLOCK CAPITAL**

FOR UNIVERSITY USE ONLY					
SITS Applicant No.			SITS AoS Code:		
Decision:	Interview		Date:		
	Reject		Conditions of Offer:		
	Offer				
Signed: (Admissions Tutor/Course Director)		-)			

#### Please return to:

Birmingham City University, City North Campus, Admissions Division Academic Registry, 4th Floor, Edge Building, Perry Barr, Birmingham B42 2SU

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

jobs requ	re them to do so.
1.	Course Details
Course T	itle:
Proposed	Start Date: Full-time Part-time
Proposed	Year/Level of Entry: Year 1 Year 2 Year 3
2.	Personal Details
	Ms/Miss/Mrs etc: Gender: Male Female Date of Birth:
First Nar	ne(s):
Maiden o	r any other name(s) that you have been known by:
Surname	/Family Name:
Permane	nt Address:
	Country: Post Code:
Correspo	ndence Address: (if different)
	Country: Post Code:
Daytime	Telephone: Mobile: Mobile:
E-mail A	ddress: Nationality:
If not bor	n in the UK please state date of arrival to UK: Area of permanent residence:
If you are	a member of a Professional Body, please give its Name and your Registration Number:
Have you	ever studied in the UK before? (If yes, please include a copy of all visas)  YES  NO
What lev	el was your previous study in the UK (please tick all that applies)? Foundation Degree Masters
Have you	ever studied at Birmingham City University before?
-	ave any special needs? (please tick). The information you provide will be treated confidentially and will not gements concerning your academic suitability for a course.
AN	o disability.
	ou have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
	ou are blind or have a serious visual impairment uncorrected by glasses.
	ou are deaf or have a serious hearing impairment.  ou have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
	ou have a mental health condition, such as depression, schizophrenia or anxiety disorder.
-	ou have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
H Y	ou have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
	ou have a disability, impairment or medical condition that is not listed above.
JY	ou have two or more impairments and/or disabling medical conditions.
	ever been in Care? YES NO Do not want to disclose
	f your parents have any higher education qualifications a degree, diploma or certificate of higher education?  YES  NO  Don't Know

### 3. Academic and Professional Qualifications

Please enter details of the highest level of qualification you currently hold.

Qualifications, eg: GCSE, HND, Degree, Access, NVQ, Postgraduate, Masters, Professional	Subject/Unit	From Year	To Year	Place of Study	Results (grade or band)	CATS points and level (if applicable)

Now please list all other qualifications taken, whatever the result, in reverse chronological order ie: latest first. If you are awaiting the result of any examination please indicate the date in the Results column. Please continue on a separate sheet if necessary.

Qualifications, eg: GCSE, HND, Degree, Access, NVQ, Postgraduate, Masters, Professional	Subject/Unit	From Year	To Year	Pla	ce of Study	Results (grade or band)	CATS points and level (if applicable)
you have a 10 digit Unique Learner Numb	per (ULN), please ente	r it in the	box pro	vided.			
you are an overseas student please inclu	de your IELTS/TOEFL/	Pearson	Test of E	nglish resu	ılts below:		
ELTS overall band score	TOEFL internet-	based tes	st score		Pears	on Test of English t	test score
The University may also accept other appro	oved qualifications equ	ivalent to	the IEL	  S/T0EFL/F	PTE test scores.		

### 4. Employment and Work Experience

Please list these above or on a separate sheet if necessary.

Please give details of work experience, training and employment in reverse chronological order.

Name of organisation	Full-time or	From		То	
Nume of organisation	Part-time	Month	Year	Month	Year
	Name of organisation	Name of organisation  Full-time or Part-time	Name of organisation	Name of organisation	Name of organisation

#### 5. Criminal Convictions

The University has a duty to ensure the safety and security of its students and staff. Please tick box if either of the following statements applies to you:

I have a relevant criminal conviction that is not spent	
I am serving a prison sentence for a relevant criminal conviction	

Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and need not be disclosed. The definition of a relevant conviction is one for offences against the person, whether of a violent or sexual nature, or for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Such a disclosure does not automatically exclude you from the application process but the University reserves the right to ask for further information about the conviction.

Name and Address of Ref	eree(s).		
Name:		Name:	
Address:		Address:	
	Post Code:		Post Code:
Telephone:	Fax:	Telephone:	Fax:
E-mail:		E-mail:	
п.с.			
7. Support	ing Statement		
	urther information in support of you nt) and your current career goals. P		easons for choosing the course, your professional e page if required.
0 5 1			
8. Declarat	ion		
nformation has been omi Iniversity reserves the rig	tted. I accept that if it is discovered t	hat I have supplied false, in	none of the information requested or other material accurate or misleading information, Birmingham City ninate attendance at the University and I shall have no
pplicant's Iame:		Applicant's Signature:	Date:
LEASE INDICATE H	OW YOU HEARD ABOUT THE	COURSE (please tick rele	evant boxes)
Advertisement	Careers Service	Alumni	Colleague/Friend
Education Fair	Employer	Current Student	Internet (General)
Previous Student	Professional Association	Direct Mail	Personal enquiry to Birmingham City Universit
Birmingham City Uni	versity Course Enquiries Team	Birmingham City U	niversity website
ther: (Please Specify)			

6. Referee(s)

## **Equal Opportunities Monitoring**

Name:	Date of Birth:

## THIS INFORMATION WILL NOT BE GIVEN TO ADMISSIONS TUTORS INVOLVED IN MAKING DECISIONS ABOUT YOUR ELIGIBILITY FOR THE COURSE.

As part of its equal opportunities policy, Birmingham City University monitors applications by gender, ethnic origin and disability. Provision of information on ethnic origin is voluntary but we hope you will agree to provide it to assist us to monitor our equal opportunities policy.

Please tick the appropriate box.

10	White	
15	Gypsy or Traveller	
21	Black or Black British - Caribbean	
22	Black or Black British - African	
29	Other Black background	
31	Asian or Asian British - Indian	
32	Asian or Asian British - Pakistani	
33	Asian or Asian British - Bangladeshi	
34	Chinese	
39	Other Asian background	
41	Mixed - White and Black Caribbean	
42	Mixed - White and Black African	
43	Mixed - White and Asian	
49	Other Mixed background	
80	Other Ethnic background	
98	Do not wish to provide information	



## **Report on Applicant**

Referees should note that the contents of this report may be shown to the applicant on request.

To the Candidate:			
Please fill in your name and course details below, detach and	d forward this part of the for	rm to your referee for completion.	
Applicant Name:		Date of Birth:	
Course Applied For:			
To the Referee:			
am applying for admission to the above course at Birmingha intellectual ability and professional skills.	am City University. The unive	ersity would appreciate your personal impressions of my	/
Please comment on my character, quality of previous work, p [Please use a separate sheet if you prefer].	ersonal strengths and weak	knesses, and potential.	
Signed: (Applicant)		Date:	
Name and Position:			
Institution:			
Address:			
		Post Code:	
Telephone:			
E-mail:			
How long have you known the applicant and in what capacity?	?		
Please comment on the applicant's suitability for the course	with particular reference to	his/her strengths.	

How would you rate the applicant in relation to the following? (please tick appropriate boxes)						
	Excellent	Very Good	Average	Below Average	Unable to comment	
Motivation						
Ambition and Drive						
Originality and Creativity						
Problem Solving Skills						
Decision Making Skills						
Time Management Skills						
Oral Communication Skills						
Written Communication Skills						
Numeracy						
Please add any other comments you feel wo	ould be helpful in	supporting their app	olication to the Univ	versity:		
NAME OF REFEREE (PLEASE PRINT):		SIGNATURE OF REFEREE: _		D	ATE:	

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