



BIRMINGHAM
City University

Application Form

Please complete in **BLOCK CAPITAL**

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.

FOR UNIVERSITY USE ONLY

QLS Applicant No.		QLS 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 Unit, Faculty of Health
Room 329, Cox Building, Perry Barr, Birmingham B42 2SU

1. Course Details

Course Title: _____

Proposed Start Date: _____

Full-time ☐

Part-time ☐

Proposed Year/Level of Entry:

Year 1 ☐

Year 2 ☐

Year 3 ☐

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc: _____

Gender:

Male ☐

Female ☐

Date of Birth:

DAY	MONTH	YEAR

First Name(s): _____

Maiden or any other name(s) that you have been known by: _____

Surname/Family Name: _____

Permanent Address: _____

Post Code: _____

Correspondence Address: (if different) _____

Post Code: _____

Daytime Telephone: _____ Evening Telephone: (if different) _____ Mobile: _____

E-mail Address: _____

Nationality: _____ If not born 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 at Birmingham City University before?

YES ☐

NO ☐

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

00	No special needs	07	Unseen Disability (eg diabetes, epilepsy, asthma)
02	Blind/Partially Sighted	08	Multiple Disabilities
03	Deaf/Hearing Impairment	10	Autistic Spectrum Disorder (ASD)
04	Wheelchair User/Mobility difficulties	11	Specific Learning difficulty (eg dyslexia)
05	Personal Care Support	96	A Disability not listed above
06	Mental Health difficulties	97	Do not wish to complete

Have you ever been in Care?

YES ☐

NO ☐

Do not want to disclose ☐

3. Academic and Professional Qualifications

Applicants should list all subjects taken, whatever the result, in reverse chronological order ie: latest first. If you are awaiting the result of any examination please indicate date in the Result 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	Place of Study	Results (grade or band)	CATS points and level (if applicable)

If you are an overseas student please include your IELTS/TOEFL results below:

IELTS overall band score TOEFL score paper/computer* based (*delete as appropriate)

The University will also accept other approved qualifications equivalent to the IELTS and TOEFL test scores. Please list these above or on a separate sheet if necessary.

4. Employment and Work Experience

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

Nature of work/training	Name of organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year

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	<input type="checkbox"/>
I am serving a prison sentence for a relevant criminal conviction	<input type="checkbox"/>

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.

6. Referee(s)

Name and Address of Referee(s).

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone: Fax:	Telephone: Fax:
E-mail:	E-mail:

7. Supporting Statement

Please enter here any further information in support of your application, for example, reasons for choosing the course, your professional career to date (if relevant) and your current career goals.

Please continue on a separate sheet if necessary.

8. Declaration

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Birmingham City University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the University and I shall have no claim against Birmingham City University in relation thereto.

Applicant's Name: _____ Applicant's Signature: _____ Date: _____

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes)

- | | | | | |
|-------------------------------------------|---------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Careers Service | <input type="checkbox"/> Alumni | <input type="checkbox"/> Colleague/Friend | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Education Fair | <input type="checkbox"/> Employer | <input type="checkbox"/> Current Student | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Previous Student | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Personal enquiry to Birmingham City University | |

Other: (Please Specify) _____

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	
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	



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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 forward this part of the form to your referee for completion.

Applicant Name: _____ Date of Birth: _____

Course Applied For: _____

To the Referee:

I am applying for admission to the above course at Birmingham City University. The university would appreciate your personal impressions of my intellectual ability and professional skills.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential.
(Please use a separate sheet if you prefer).

Signed: (Applicant) _____ Date: _____

Name and Position: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

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.

In comparison with other members of his/her peer group, how would you rate the applicant in the following?
(please tick appropriate boxes)

	Excellent	Very Good	Average	Below Average	Unable to comment
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NAME OF REFEREE (PLEASE PRINT): _____ SIGNATURE OF REFEREE: _____ DATE: _____

Thank you for completing this form. Now please return it to:
Birmingham City University, City North Campus, Admissions Unit
Faculty of Health, Room 329, Cox Building, Perry Barr, Birmingham B42 2SU