

Please write clearly, with names and addresses in BLOCK CAPITALS

1 Programme of study:

Start date Month Year Full-time Part-time Distance-learning

2 Applicant's details:

Title Mr Mrs Miss Ms Dr Other (please specify)

Surname **Other names**

Gender (tick one) Male Female **Date of birth** Day Month Year

Permanent home address

Postcode

Telephone **Mobile**

Email

Address for correspondence (if different from above)

Postcode **Agent's reference number**

To be used until Unless other instructions are given, subsequent correspondence will be sent to the permanent home address

Telephone **Mobile**

Email

Nationality **Country of birth**

Country of permanent residence

Applicants not born in the United Kingdom please state date of last entry to the UK

Day Month Year

3 Fees/sponsorship:

Who is expected to pay fees? Applicant Local Education Authority Research Council

Employer Sponsor/Parent/Guardian Other (please specify)

Name and address to which fee invoice is to be sent (if other than applicant)

If your attendance at the University will be conditional upon the agreement of your employer, please tick

4 Education: school since the age of 11

Schools attended	Date started	Date finished	Examinations taken and qualifications obtained	Grade	Date

Education: since the age of 16

Institutions attended	Date started	Date finished	Examinations taken and qualifications obtained	Grade	Date
			Examinations to be taken/with results pending (give subject and qualification)	Grade	Date

5 Employment experience

Present position Date of appointment

Workplace address

Telephone

Name and address of employing body (if different from above)

Telephone

Details of previous posts held From To

Details of previous posts held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 References

Educational or other referees (report forms enclosed: please send to referees)

First referee

Name Position

Address

Telephone Email

Second referee

Name Position

Address

Telephone Email

7 Supporting statement

Why do you wish to study this course? (Please use additional paper if necessary)

8 English language proficiency

What is your first language?

If your first language is not English, please give your IELTS score or

TOEFL score (if applicable)

If you have not taken an English test yet, what date do you plan to take it?

Day Month Year

What other English language qualifications do you hold?

How many years have you studied English language?

Have you been taught in English in your home country? Yes No If yes, please give details

9 Disability

Please circle from the list below the statement which is most appropriate to you:

- 000 You do not have a disability, nor are you aware of any additional support requirements
- 010 You have dyslexia
- 020 You are blind/partially sighted
- 030 You are deaf/have a hearing impairment
- 040 You are wheelchair user/have mobility difficulties
- 070 You have an unseen disability (eg diabetes, epilepsy, asthma)
- 080 You have two or more of the above difficulties/special needs
- 090 You have a disability not listed above (please give details on a separate sheet)

Does your disability mean that you have additional support needs? Yes No

If yes, we will contact you to determine appropriate support for you.

Tear off slip

Application ref no:

Planning statistics

Ethnic origin (please note that this information WILL NOT be made available to Admissions Tutors for selection purposes)

Complete this section only if you have shown in Section 2 of the form that your area of permanent residence is in the UK.

Please choose your ethnic origin and write its code in the boxes.

White

British	11
Irish	12
Other white background	19

Black or black British

Caribbean	21
African	22
Other black background	29

Asian or Asian British

Indian	31
Pakistani	32
Bangladeshi	33
Chinese	34
Other Asian background	39

Mixed

White and black Caribbean	41
White and black African	42
White and Asian	43
Other mixed background	49

Other ethnic background	80
Not given (UK domicile)	90
Overseas domicile	99

11 Market research

In order to assist us to market our courses more effectively, could you please specify how you came to hear of our course? Please tick one box.

Prospectus TV advert Careers office Careers fair Radio advert
 Own initiative Press advert Other (please specify)

12 Criminal convictions

You must declare if you have a relevant criminal conviction, including violence against the person or drug dealing. If you tick the 'Yes' box, the University may ask you for further details.

Yes

Please note that if you are convicted of a criminal offence while your application form is being processed, you should notify the University immediately.

13 Declaration

I declare that, to the best of my knowledge, the information I have given above is correct in every detail. If enrolled, I agree to abide by the regulations in force at the time.

Applicant's signature Date

The completed application form should be returned to:

The Academic Registrar, De Montfort University, The Gateway, Leicester LE1 9BH

Checklist for additional information to send with your form or as soon as possible afterwards:

Proof of English language proficiency Certificates and/or transcripts of your academic qualifications
 Reference forms Other

FOR REGISTRY USE

Recorded and acknowledged Date Initials

Status checked/questionnaire sent Date Initials

1 Original course:

CONDITIONAL ON:

Changes YOE Changes SOE
 Init Date Reg Date

OR **REJECT** OUTRIGHT

OR **REJECT** and **CHANGE COURSE** (Go to box 2)

Init Date Reg Date

OR **UNCONDITIONAL**

Init Date Reg Date

Reg use Overseas Uncond Cond
 Why? DEP/ENG

DECISIONS AFTER RESULTS

ACCEPT Changed YOE Changed SOE

OR REJECT

OR **CHANGE COURSE** (Go to box 3)

Init Date Reg Date
 P76 Sent

2 Changed course:

CONDITIONAL ON:

Changes YOE Changes SOE
 Init Date Reg Date

OR **UNCONDITIONAL**

Changes YOE Changes SOE

Init Date Reg Date

Reg use Overseas Uncond Cond

Why? DEP/ENG

DECISIONS AFTER RESULTS

ACCEPT Changed YOE Changed SOE

OR REJECT

OR **CHANGE COURSE** (Go to box 3)

Init Date Reg Date

P76 Sent

3 (Further) changed course:

CONDITIONAL ON:

ACCEPT

Changed YOE

Changed SOE

Signed _____

Date _____

Reg Date

P76 sent

Further changes after UF stage

Course _____

YOE

SOE

Signed _____

Date _____

Reg Date