

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

Application Form

Please complete in **BLOCK CAPITAL**

Please return to:

Birmingham City University City North Campus, Admissions Unit, Academic Registry 4th Floor, Feeney 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.

1.	Course Details				
Course Ti	tle:				
				Full dies -	Do nt time .
	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: Gende	er: Male	Female	Date of Birth:	MONTH YEAR
First Nam	ne(s):				
Maiden o	any other name(s) that you have been kno	wn by:			
Surname	/Family Name:	•			
	nt Address:				
reimane					
Correspo	ndence Address: (if different)				
				Post Code:	
Daytime 1	elephone: Ever	ning Telephone:	(if different)	Mobile:	
E-mail Ad	ldress:				
Nationalit	y:	If not bo	orn in the UK please sta	te date of arrival to UK:	
	ermanent residence:				
If you are	a member of a Professional Body, please g	ive its Name ar	nd your Registration Nu	mber:	
Have you	ever studied at Birmingham City University	before?	YES	NO	
	ive any special needs? (please tick). The infigure	ormation you pr	rovide will be treated co	onfidentially and will not affect	judgements
00	No special needs	07	Unseen Disability (eg diabetes, epilepsy, asthma	
02	Blind/Partially Sighted	08	Multiple Disabilitie	25	
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 list	ted above	
06	Mental Health difficulties	97	Do not wish to com	nplete	
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		sults or band)		pints and
1444, 1 ostgradate, Masters, 1 rolessionat		- Icui	icai			(grade	or barra;	tevet (ii a	ірріісавіс)
 If you are an overseas student please inclu	de vour IELTS/TOEFL re	aculte h	elow:						
IELTS overall band score	TOEFL score	_	er/comp	ıter* h	ased (*del	ete as an	propriate)	l	
The University will also accept other appro						•			senarate
sheet if necessary.	veu quatifications equive	atent to	tile ILLI	o anu i	TOLI L test scores. I t	case tist	illese abo	ve or on a	Separate
4. Employment and	Work Experie	nco							
4. Employment and	WOIR Experie	IICE							
Please give details of work experience, tra	ning and employment ir	n revers	se chrono	logical	order.				
Nature of work/training	Name of o	organisat	tion		Full-time or Part-time		om V		0 V
					rait-time	Month	Year	Month	Year
5. Criminal Conviction	ons								
The University has a duty to ensure the	a cafaty and cocurity								
The University has a duty to ensure the of its students and staff. Please tick be		-	nave a relevant criminal conviction that is not spent						
following statements applies to you:		Ιá	am serving a prison sentence for a relevant criminal conviction						
Convictions that are spent (as defined by the relevant conviction is one for offences again substances where the conviction concerns process but the University reserves the rigitation.	nst the person, whether of a commercial drug dealing o	a violent r traffick	or sexual ing. Such	nature, a disclo:	or for offences involving	unlawfully	supplying	controlled	drugs or
6. Referee(s)									
o. Referee(S)									
Name and Address of Referee(s).									
Name:			Name:						
Address:			Address	i:					
	Post Code:		Post Code:						
Telephone: Fa			Telepho	ne:		Fax:			
			-						
E-mail:			E-mail:						

7. Supporting Statement

Please enter here any further information in s career to date (if relevant) and your current ca	support of your application, for example, resergoals.	asons for choosing the course, your professional
		Please continue on a separate sheet if necessary
8. Declaration		
formation has been omitted. I accept that if it	is discovered that I have supplied false, ina cation, withdraw its offer of a place or term	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	Applicant's	Date:
ame:	Signature:	Date:
LEASE INDICATE HOW YOU HEARD A	ABOUT THE COURSE (please tick relev	vant boxes)
Advertisement Careers Servi	ce Alumni	Colleague/Friend Agent
Education Fair Employer	Current Student	Internet
Previous Student Professional A	Association Direct Mail	Personal enquiry to Birmingham City University
er: (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



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. ______ 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: ___ 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)					
(produce that appropriate zones)	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					
Any Other Comments:					
NAME OF REFEREE (PLEASE PRINT):		SIGNATURE OF REFEREE:		D	ATE:

Thank you for completing this form. Now please return it to:

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