

# APPLICATION FORM



## 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:**  
International Office  
Level 2 University House  
15 Bartholomew Row  
Birmingham  
B5 5JU

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.

## Please complete in BLOCK CAPITALS

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name(s):

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

Surname/family name:

Permanent address:

Country:  Postcode:

Correspondence address (if different):

Country:  Postcode:

Daytime telephone:  Evening telephone (if different):  Mobile:

**Email 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 in the UK before? (If yes, please include a copy of all visas) Yes ☐ No ☐

What level was your previous study in the UK (please tick all that apply)? Foundation ☐ Degree ☐ Master's ☐

Have you ever studied at Birmingham City University before? Yes ☐ No ☐

### 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, Master's, Professional	Subject/unit	From month/year	To month/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, Master's, Professional	Subject/unit	From month/year	To month/year	Place of study	Results (grade or band)	CATS points and level (if applicable)

If you have a 10 digit Unique Learner Number (ULN), please enter it in the box provided.

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

IELTS overall band score:

TOEFL internet-based test score:

The University may also accept other approved qualifications equivalent to the IELTS/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 month/year	To 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: ☐

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.

## 6. International Students

Did you use an agent to help you find this course? Yes ☐ No ☐

Agent's name:

Agent's email:

## 7. Referee(s)

Name and address of Referee(s):

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

## 8. 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 page if required.

## 9. Disabilities

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.

- |   |  |                          |
|---|--|--------------------------|
| A | No disability.   | <input type="checkbox"/> |
| B | You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.                 | <input type="checkbox"/> |
| C | You are blind or have a serious visual impairment uncorrected by glasses.  | <input type="checkbox"/> |
| D | You are deaf or have a serious hearing impairment.   | <input type="checkbox"/> |
| E | You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.  | <input type="checkbox"/> |
| F | You have a mental health condition, such as depression, schizophrenia or anxiety disorder.                               | <input type="checkbox"/> |
| G | You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.   | <input type="checkbox"/> |
| H | You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches. | <input type="checkbox"/> |
| I | You have a disability, impairment or medical condition that is not listed above.   | <input type="checkbox"/> |
| J | You have two or more impairments and/or disabling medical conditions.  | <input type="checkbox"/> |

## 10. 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:	<input type="text"/>	Applicant's signature:	<input type="text"/>	Date:	<input type="text"/>
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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"/> Education fair                                   | <input type="checkbox"/> Employer                           | <input type="checkbox"/> Current student | <input type="checkbox"/> Internet (general)                             |
| <input type="checkbox"/> Previous student                                 | <input type="checkbox"/> Professional association           | <input type="checkbox"/> Direct mail     | <input type="checkbox"/> Personal enquiry to Birmingham City University |
| <input type="checkbox"/> Birmingham City University Course Enquiries Team | <input type="checkbox"/> Birmingham City University website |  |   |

Other (please specify):



# 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's 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:

Institution:

Address:

Country:  Postcode:

Telephone:  Fax:

Email:

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	<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"/>

Please add any other comments you feel would be helpful in supporting their application to the University:

Name of referee:

Signature of referee:

Date:

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