



Application Form

Please complete in **BLOCK CAPITAL**

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,
 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.

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. (please tick)

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

Have you ever been in Care? YES NO Do not want to disclose

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 subjects 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	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:

<input type="checkbox"/> I have a relevant criminal conviction that is not spent	
<input type="checkbox"/> 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. 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)

Advertisement
 Careers Service
 Alumni
 Colleague/Friend
 Agent
 Education Fair
 Employer
 Current Student
 Internet
 Previous Student
 Professional Association
 Direct Mail
 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	



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:

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