



USE BLACK BALLPOINT OR BLACK TYPE

# Application Form

Application Ref No:

(For Institution use only)

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.


Please read the accompanying Notes for Guidance before completing this form.

Please complete all sections of this form and return to:

**Admissions, Marketing and Communications, University of Bolton, Deane Road, Bolton BL3 5AB**

## 1 Title/Name/Address

Title

Surname/ Family Name				Home Address (if different) line 1			
First/given name(s)				Address line 2			
Postal Address line 1		 <p>31/11, Kamdhar Nagar 1st Street, Mahalingapuram Nungampakkam Chennai - 600 034 T: + 91 44 42009334 : + 91 44 42009335 E: contact@campusuk.com</p>		Address line 3			
Address line 2				Address line 4			
Address line 3							
Address line 4							
Postcode (UK only)				Postcode (UK only)			
Mobile Number		Tel: <input type="text"/>		Home contact number		Tel: <input type="text"/>	
<p><b>email</b> The University will correspond with you electronically: Please enter your e-mail address in block capitals</p>							

## 2 Further Details

Your age on 30 September in year of entry		Area of permanent residence		Date of first entry to live in UK	
Years	Months			<input type="text"/>	
<input type="text"/>	<input type="text"/>	Country of birth		<input type="text"/>	
Male (M)/ Female (F)		Nationality			
<input type="text"/>		Ethnic Origin Code (UK applicants only)		Residential Category (see notes)	
Date of birth		<input type="text"/>		<input type="text"/>	
<input type="text"/>		Additional Learning Support Code (see notes)		Not used for selection purposes. Please refer to guidance notes for appropriate codes.	
Are you in receipt of Disability Students Allowance		<input type="text"/>			
<input type="text"/>		<input type="text"/>			

## Details of course(s) for which you wish to apply.

3 Month and year in which you wish to start		M M / Y Y Y Y		Name of Partner College: If applicable	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Course Title		Mode of study: full time/ sandwich/part-time/ other Please specify		Year of entry	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
				Stage: ie Year 1 Year 2	
				OFFICE USE ONLY	

Please indicate how you heard of these courses.

Have you previously studied at the University of Bolton?  Yes  No If yes, please complete the following as fully as possible.

Dates Attended		Course Studied	Student Number (if known)
From	To		
From	To		



7 **ADDITIONAL LEARNING SUPPORT** required as a consequence of any condition stated in section 2.

Applicants for Health/Nursing related courses please enter NMC PIN number:

8 **PERSONAL STATEMENT** Health/Nursing CPD applicants see guidance booklet

Large empty area with horizontal dashed lines for writing a personal statement.

9 **CRIMINAL CONVICTIONS:** Do you have any criminal convictions? See guidance notes  YES  NO

10 **DECLARATION:** I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I undertake to be bound by the University's terms and conditions and I give my consent to the processing of my data by the University. I accept that, if I do not fully comply with these requirements the University of Bolton shall have the right to cancel my application and I shall have no claim against the University of Bolton in relation thereto.

Please sign and return this form to:

**Recruitment and Admissions, University of Bolton, Deane Road, Bolton BL3 5AB.**

Applicant's Signature.....

Date.....

# 11 REFERENCE

Applicants for Teaching in Post Compulsory Education, MEd and BA Education please ask one of your referees, detailed in section 12, to supply a reference in this section of the form, and forward the completed application to us.

Applicants for Health and Nursing CPD courses do not complete this section, but move to section 12.

Applicants who are applying to study with one of our partner colleges must hand the completed form to the Centre Leader who is requested to confirm the applicants acceptance by signing below.

Name of referee / Centre Leader

Post / Occupation / Relationship

Name and address of school / college / organisation

Tel:

Fax:

email:

**Name of applicant** (block capitals or type) \_\_\_\_\_

Referee's / Centre Leader's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**12 Only to be completed by applicants for teaching in Post Compulsory Education, MEd and BA Education courses, Nursing courses.**  
 (Please give as referees two persons who are able to speak of your academic work and experience in industry, commerce or public services)  
 Health/Nursing CPD applicants see guidance booklet

1.	
email Address	
Tel No.	Fax No.

2.	
email Address	
Tel No.	Fax No.