

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

First/given
name(s)

Postal Address
line 1

Address line 2

Address line 3

Address line 4



31/11, Kamdhara Nagar
1st Street, Mahalingapuram
Nungampakkam
Chennai - 600 034
T: + 91 44 42009334
; + 91 44 42009335
E: contact@campusuk.com

Home Address
(if different) line 1

Address line 2

Address line 3

Address line 4

Postcode
(UK only)

Postcode
(UK only)

Mobile
Number

Tel:

Home contact
number Tel:

email

The University will correspond with you electronically: Please enter your e-mail address in block capitals

2 Further Details

Your age on 30 September in year of entry

Years

Months

Male (M)/
Female (F)

Area of permanent residence

Date of first entry to live in UK

Date of birth

Additional
Learning
Support Code
(see notes)

Country of birth

Nationality

Ethnic Origin Code
(UK applicants only) Not used for selection purposes.
Please refer to guidance notes for appropriate codes.

Residential Category
(see notes)

Are you in receipt of Disability Students Allowance

Y N

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

Course Title

Mode of study: full time/
sandwich/part-time/
other Please specify

Year
of
entry

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

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4 Name and address of the two most recent educational establishments attended, within the last ten years only.	From		To		FT or PT
	Month	Year	Month	Year	

5 Formal qualifications Summary of qualifications held. Please tick and enclose copies.	Scottish Highers <input type="checkbox"/>	HNC / HND <input type="checkbox"/>
	Irish Highers <input type="checkbox"/>	Foundation Degree <input type="checkbox"/>
	Welsh Bacc. <input type="checkbox"/>	First Degree <input type="checkbox"/>
	I.B. <input type="checkbox"/>	Postgraduate Cert. / Dip <input type="checkbox"/>
	IELTS - Other <input type="checkbox"/>	Other UK Qualifications - please specify. <hr/> <hr/>
No formal qualifications <input type="checkbox"/>		
Accredited Access Course <input type="checkbox"/>		
NVQ Level 2 <input type="checkbox"/>		
NVQ Level 3 <input type="checkbox"/>		
NVQ Level 4 & above <input type="checkbox"/>		
GCSE / GCE / CSE <input type="checkbox"/>		
AS / A level / AVCE / Diploma <input type="checkbox"/>		

Applicants for Post Compulsory Education Courses MUST state:

GCSE Maths grade C & above

GCSE English grade C & above

If you have completed a Modern Apprenticeship, state which skill was covered:

5a Examinations/Assessments: Applicants should write all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by BTEC or SCOTVEC - please attach transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.

Applicants who wish to be considered for accreditation of prior learning please complete this section in full.

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

1

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.....

REMEMBER TO KEEP A PHOTOCOPY.

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.