

APPLICATION FORM

FOR APPLICATION TO PART-TIME UNDERGRADUATE COURSES
AT UNIVERSITY CENTRE SHREWSBURY

1. Details of the course(s) you wish to apply for

Course title

Starting date (month and year)

Please indicate how you heard about these courses

2. Personal Details

Title Ms/Miss/Mrs/Mr etc

Surname/family name (BLOCK CAPITALS)

First names(s)

Previous surname, if changed

Permanent address

Correspondence address

Postcode

Postcode

Daytime telephone number

Evening telephone number

Mobile telephone number

Email address

Gender: Male (M) Female (F)

Date of birth

3. Fee status

Country of birth

Nationality

Country of permanent residence

Have you lived in the UK/EU for the whole of your life up to the present day: Yes No

If No, please state date of first entry into the UK/EU

Name of organisation expected to pay your fees
(e.g. employer, self-funding, tuition fee loan etc)

4. Education and Qualifications

Please list all subjects taken in chronological order. If you are waiting for results of any examination recently taken, please write PENDING in the results column. Continue on a separate sheet if necessary.

Name and address of the two most recent educational establishments. Please include dates of attendance (month and year)

Qualification	Subject	Dates		Results
		Month	Year	

Is English your first language? Yes [] No [] If No, what is your first language?

5. Employment/work experience

Please give details of relevant employment, work experience or training. Continue on a separate sheet if necessary

Organisation	Job title	Main duties	From (MMYY)	To (MMYY)

6. Disability/Specific Needs

All applicants are required to tick the appropriate disability code. The codes for disabilities, specific needs and medical conditions are:

- A – None
- B – You have a social/communication impairment such as Asperger’s syndrome/other autistic spectrum
- 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

7. Criminal Convictions

Please refer to the guidance notes regarding the definition of criminal convictions.

If you have a relevant criminal conviction, enter Y or N in the box

8. Personal statement

You must provide a personal statement (see separate sheet) to support your application to study on this course. Please refer to the guidance notes for further assistance. Note that your application will not be processed without a personal statement.

9. Reference

The University requires one reference in support of your application. Please provide details of your referee below and send the separate reference request sheet on to your referee as soon as possible. Please note that it is your responsibility to contact your referee. We are unable to make a decision about your application until we receive your reference.

Name

Position

Address

Telephone number

Email address

10. Declaration

I understand that I am responsible for payment of all tuition fees. I agree to comply with the statutes, ordinances, bye-laws, regulations, rules and conditions of the University of Chester for the time being in force, including Health, Safety and Disciplinary Regulations. I agree that all ideas, materials or work produced by me and submitted as part of the requirements of my programme of study and all intellectual property rights therein will become the absolute property of the University of Chester, unless specifically agreed to the contrary.

Data Protection Act 1998

I consent to the University of Chester processing personal data contained in this form, or other data which may be obtained from me or others, including details of academic performance, learning support needs, disciplinary matters, destinations and comments on quality, closed circuit TV and video recording on university premises and holding my photograph which is used on the student ID card for any purpose connected with my studies, my health and safety, implementation of the Rules, to provide data that the University is required to hold or supply to the Higher Education Statistics Agency (HESA) or for any other legitimate reason. I consent to the disclosure of such information for academic administration purposes, in response to requests for references relating to continuing education, training or employment, for implementation of the Rules or in relation to council tax matters. I understand that HESA pass data to organisations that need it to carry out their statutory functions connected with funding higher education. I am aware that I may request a copy of information held about me on request and on payment of the appropriate fee and that further information regarding HESA can be found on IBIS.

Signature: Date:

Please keep a copy of this form for your records and return the original to: UNDERGRADUATE ADMISSIONS, UNIVERSITY OF CHESTER, RIVERSIDE CAMPUS, CHESTER CH1 1SL. Please enclose a reference with your application or contact your referee to request they send the reference to Undergraduate Admissions.

Please refer to the Application Notes for Guidance for further information. If you have any queries, please contact Undergraduate Admissions - Tel: 01244 511000 Fax: 01244 511603 Email: admissions@chester.ac.uk

FOR OFFICE USE ONLY:

Academic Decision: Reject Accept

Conditions of offer:

Signed: Date:

Qualifications confirmed by: Certificate produced by student Other.....

Signed: Date: