



## APPLICATION FORM

### Personal Information

<b>First Name</b>	<input style="width: 95%;" type="text"/>	<b>Date of Birth</b>	<input style="width: 95%;" type="text"/>
<b>Last Name</b>	<input style="width: 95%;" type="text"/>	<b>Nationality</b>	<input style="width: 95%;" type="text"/>
<b>Gender</b>	<input style="width: 95%;" type="text"/>	<b>Place of Birth</b>	<input style="width: 95%;" type="text"/>
<b>Address</b>	<input style="width: 95%;" type="text"/>	<b>Passport No.</b>	<input style="width: 95%;" type="text"/>
<b>Home Tel.</b>	<input style="width: 95%;" type="text"/>	<b>Mobile No.</b>	<input style="width: 95%;" type="text"/>
<b>Email</b>	<input style="width: 95%;" type="text"/>		

<b>Post Code</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<b>National Insurance Number</b>	<input style="width: 95%;" type="text"/>
<b>Unique Learner Number</b>	<input style="width: 95%;" type="text"/>
<b>Have you been a UK resident for 3 years or more?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nationality</b>	<input style="width: 95%;" type="text"/>
<b>Country of Birth</b>	<input style="width: 95%;" type="text"/>

<b>Emergency Contact</b>	<input style="width: 95%;" type="text"/>
<b>House/Flat No.</b>	<input style="width: 95%;" type="text"/>
<b>Street</b>	<input style="width: 95%;" type="text"/>
<b>City</b>	<input style="width: 95%;" type="text"/>
<b>Country of residence</b>	<input style="width: 95%;" type="text"/>
<b>Postal Code</b>	<input style="width: 95%;" type="text"/>
<b>Previous Qualification Level</b>	<input style="width: 95%;" type="text"/>
<b>Ethnicity</b>	<input style="width: 95%;" type="text"/>
<b>Date of Entry to the UK (if not from Birth)</b>	<input style="width: 95%;" type="text"/>

<b>Visa Status (Please tick the appropriate box)</b>	<input type="checkbox"/> EEA or Swiss National <input type="checkbox"/> Child of a Turkish Worker <input type="checkbox"/> Refugee <input type="checkbox"/> Humanitarian Protection or Similar <input type="checkbox"/> Settled in the UK <input type="checkbox"/> Other	<input type="checkbox"/> UK Citizen – England <input type="checkbox"/> UK Citizen – Scotland <input type="checkbox"/> UK Citizen – Wales <input type="checkbox"/> UK Citizen – Northern Ireland <input type="checkbox"/> British Citizen – Channel Islands and Isle of Man <input type="checkbox"/> British Citizen – British Overseas Territories <input type="checkbox"/> EU National (Non-UK Citizen)
<b>Lead Source (Ex: Agent, Online, Search engine)</b>	LONDON COLLEGE OF MEDIA	

**Programme Details**

<b>Which course are you applying for?</b>	<input type="checkbox"/> BA (Hons) Global Business (Business Management) with Foundation <input type="checkbox"/> BSc (Hons) Health and Social Care with foundation year in Health and Care <input type="checkbox"/> MA International Business <input type="checkbox"/> HNC/HND in Business <input type="checkbox"/> HNC/HND in Healthcare Practice for England <input type="checkbox"/> HNC/HND in Hospitality Management <input type="checkbox"/> BA (Hons) Business and Enterprise with Foundation Year in Business
<b>When would you like to start study?</b>	
<b>Preferred Campus Location (Please tick the appropriate box)</b>	<input type="checkbox"/> East London <input type="checkbox"/> Central London <input type="checkbox"/> Birmingham <input type="checkbox"/> Manchester
<b>Have you ever applied for student finance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Qualifications**

School/College/University	Country	Highest Qualification/Subject	Period		Grade
			From	To	

**Work Experience**

Name and Address of Employer	Job Title	Period	
		From	To

## Disabilities/Special Needs

Any Disability/Medical condition

Yes

No

If yes, Please give the details

## Documents Enclosure (Please tick the appropriate box)

Fully filled application form

Colour copies of Passport

English language test score

2 colour passport size photographs

Copies of transcripts/Mark Sheets

Copies of educational certificates and relevant documents

Copies of Qualification/Work reference

Proof of address

## Declaration

Accuracy of Information on this application form

I Confirm

I do not Confirm

Please choose after reading info

I Accept

I Do Not Accept

## Comments

Additional Information (If any):

Print Name----- Date----- Signature-----



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