University

Application form

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or
UCAS Teacher Training (UTT).
Please read the accompanying Notes for Guidance before completing this form.

1 Personal details

Title (PLEASE TICK APPROPRIATE BOX) Dr F Mr F Mrs F Miss F Ms F	Surname / Family name (BLOCK CAPITALS)
First name (s)	Previous surname / Family name, if changed
Address	Correspondence address
Postcode	Postcode
Passport Number (for Overseas Applicants only) (Please send photocopy of passport)	Will you require details on campus accommodation? Yes F No F
Have you studied at the University before? Yes F No F	If yes, what is your Student Number?

Daytime telephone number	Evening telephone number	Mobile telephone number

Email Address
F F F F F F F F F F F F F F F F F F F F F F F F F

Gender: Male (M) Female (F) F	Date of birth day month year F F F F F F

2 Details of course to which you wish to apply

Course title	Mode of study full-time / part-time	Start date month / year

Do you wish to register for an award? Yes F   No F
Name of Award (eg: BSc/IFD/GTP) _____

If IFD/IPMD, please specify the course onto which you will be progressing: _____
FOR INTERNATIONAL STUDENTS ONLY: Year Abroad Yes F   No F   Semester Abroad Yes F   No F

For applicants for Education Programmes only:

Do you have qualified teacher status? Yes F   No F   DfES Number _____
If yes how much teaching experience (full-time equivalent)   _____ Years _____ Months

Your current school or setting (please circle as appropriate):

Early Years / Primary / Middle / Secondary / 6th Form / Special School / Training School / Specialist College / FE College /
Other««« ,QGHSHQGHQW VHFWRU 6WDWH VHFWRU 2WKHU «««««««««

For applicants for Nursing/ Midwifery programmes only:

Are you a Registered Nurse? Yes F   No F

If yes, what is your NMC Pin Number: F F F F F F F F

Will you require a Student Visa whilst studying nursing/midwifery in the UK? Yes F   No F

Are you eligible for an NHS bursary? Yes F   No F

3 Financial and residential details	
Country of permanent residence	Nationality

Applicants not born in the European Union please state date of first entry into the EU/UK   day   month   year

Name of person/organisation expected to pay your fees (eg the name of the LEA / TDA/ NHS /Employer

8 English Language - **Please enclose certified copies of certificates**.

Is English your first language? Yes   No
Was English the language of instruction at school/college/university? Yes   No

If no, what is your first language?

IF no give details of 12.8 Td [(If)-16 ( )11 (n)-3 (o)-3 (,)u8C qr42 qr42 qr42 qr42 qr42 qr42 (o)7 (f)-14 (9 (l)9 (e)-u(c)-6 (t)3

Name		Name	
Address		Address	
Postcode	Telephone number	Postcode	Telephone number

Name

Address

REFERENCE FORM

APPLICANT DETAILS (TO BE COMPLETED BY THE APPLICANT)
Name of Applicant:
Course Applied for:

REFEREE DETAILS
Name of referee
Post/Occupation/Relationship
Address

Telephone	Fax.
Email address	

Should this reference be treated as confidential? Yes/No. If confidential please return direct to The Admissions Office, University of Worcester, Henwick Grove, Worcester WR2 6AJ. Tel 01905 855111 Fax 01905 857542

Advice for Referees

Notes for Guidance

These notes contain important information on how to make

want to consider the application further or ask for more information before making a decision.

Courses in teaching, health, social work and courses involving work with children or vulnerable adults

For these courses, you must enter *X* in the box if any of the following statements apply to you

(a) I have a criminal conviction

(b) I have a spent criminal conviction

(c) I have a caution (including a verbal caution)

(d) I have received a reprimand and/or final warning

(e) I have a bind-over order

(f)   I am serving a prison sentence for a criminal conviction.

If statement (f) applies to you then you must also give the