



3. EDUCATION - Other Qualifications

Please list ALL other relevant qualifications, including any relevant school or professional qualifications

Qualification	Level/Grade	Year/Year	Qualification Body	Subjects	Class

4. ENGLISH LANGUAGE

What English language qualification do you have or intend to take? (Please tick (3) as appropriate).

O level	<input type="checkbox"/>	Score/Grade	Date taken/to be taken	<input type="text"/>
GCSE	<input type="checkbox"/>	Score/Grade	Date taken/to be taken	<input type="text"/>
IELTS	<input type="checkbox"/>	Score/Grade	Date taken/to be taken	<input type="text"/>
For IELTS, please give your test reference number	<input type="text"/>			
Paper-based TOEFL	<input type="checkbox"/>	Score	Date taken/to be taken	<input type="text"/>
Computer-based TOEFL	<input type="checkbox"/>	Score	Date taken/to be taken	<input type="text"/>
Internet-based TOEFL iBT	<input type="checkbox"/>	Score	Date taken/to be taken	<input type="text"/>
WAEC	<input type="checkbox"/>	Score	Date taken/to be taken	<input type="text"/>
OTHER (please specify)	<input type="checkbox"/>	Score	Date taken/to be taken	<input type="text"/>

NOTE: The University of Liverpool checks all English language qualifications and there will be a penalty for providing false information.

5. EMPLOYMENT

Please tell us about your career or any work history related to your application. Please attach a CV or resumé separately.

Employer	Start Date (Month/Year)	End Date (Month/Year)	Job Title or Position	Main Duties

6. FUNDING

How will your tuition fees be paid? (Please tick (3) as appropriate).

Personal/Family Resources  Award  Studentship/Scholarship  Sponsorship  Loan

If you have been awarded funding, please state:

Name of Award	Value and Duration of Award	Awarded?	Decision Pending
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you intending to apply for funding please state:

Name of Award	Value and Duration of Award	Awarded?	Decision Pending
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. DISABILITY/SPECIAL NEEDS**

Do you have a disability? Yes  No

Please also complete the Equal Opportunities Monitoring form attached. Any information on disability will be treated in confidence.

**8. CRIMINAL CONVICTIONS**

Do you have a relevant criminal conviction? Yes  No

(See Guidance Notes for a definition of relevant criminal convictions)

**9. REFEREES**

Please enclose two references in a sealed envelope with this application. We may need to contact your referees, so please give their details below.

Name
Position
Address
Tel
Fax
Email

Name
Position
Address
Tel
Fax
Email

**10. PERSONAL STATEMENT**

Please attach a personal statement explaining why you wish to undertake this programme. You should include:

- your interest and experience in this subject area
- your reasons for choosing this particular course and this particular University
- your future aim or career plan
- how the course of study connects to your future plan.

**Please attach with your CV or resumé.**

**11. PUBLICITY**

How did you hear about the University of Liverpool and its programmes? (Please tick (3) as appropriate).

University Prospectus	<input type="checkbox"/>	Departmental Advisor/Supervisor/Careers Advisor etc.	<input type="checkbox"/>	British Council	<input type="checkbox"/>
University of Liverpool website	<input type="checkbox"/>	Other website (please specify)	<input type="checkbox"/>	Alumni	<input type="checkbox"/>
Professional Journal	<input type="checkbox"/>	Friends/Relatives	<input type="checkbox"/>	Agent (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____			

**12. CHECKLIST and DECLARATION**

Where applicable I enclose the following documents with this application (Please tick (3) as appropriate).

- Evidence of Academic or Professional qualifications
- Copies of English Language Certificates
- Sponsorship/Scholarship Letter (if applicable)
- References/Recommendation letters - please indicate number attached \_\_\_\_\_
- Other relevant items (please specify) \_\_\_\_\_

I certify that the information contained within this application is true and accurate to the best of my knowledge. (International Application only – please see Notes) Please tick (3) if you do **NOT** want your application forwarded to Liverpool International College.

I agree to the University processing personal data contained in this form, or other data which the University may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare and safety, or for any other legitimate reason.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR POSTGRADUATE TEAM USE:

Applicant Name \_\_\_\_\_  
 Date received in UKSRO \_\_\_\_\_ Spider ID No: \_\_\_\_\_  
 Forwarded to (name) \_\_\_\_\_ In Department: \_\_\_\_\_

DEPARTMENTAL USE:

Date received in department \_\_\_\_\_  
 Date references requested \_\_\_\_\_ Date references received \_\_\_\_\_  
 Recommendation \_\_\_\_\_  
 Rejection letter sent (date) \_\_\_\_\_ Date copy of letter sent to UKSRO \_\_\_\_\_

FACULTY USE: (Please tick (3) as appropriate).

Funding confirmed Yes  No   
 English Language qualifications acceptable Yes  No   
 Entry qualification acceptable Yes  No   
 Offer letter sent (date) \_\_\_\_\_

RECOMMENDATIONS:

Proposed start date \_\_\_\_\_ Proposed initial registration \_\_\_\_\_  
 Proposed Supervisor (s) \_\_\_\_\_

COMMENTS/CONDITIONS/ACTION

ENCLOSURES SENT WITH OFFER LETTER:

**Agreement of Supervisor(s) (for research applicants) or Programme Director (for taught programmes):** I agree to act as supervisor to this candidate.

NAME	DATE	SIGNATURE	POSITION	DATE

**Agreement of Head of Department (or nominee):** I endorse the appointment of the above-named supervisor(s), and agree to accept this student and provide appropriate facilities.

NAME	DATE	SIGNATURE	POSITION	DATE

**Authorisation by Faculty:** I authorise the offer of a place to this applicant.

NAME	DATE	SIGNATURE	POSITION	DATE

# Undergraduate Postgraduate Reference Form

## SECTION 1: TO BE COMPLETED BY THE APPLICANT

Title (Mr/Mrs/Ms/Miss/Dr etc) \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_  
First name(s) \_\_\_\_\_ Surname/family name \_\_\_\_\_  
Programme applied for: \_\_\_\_\_  
Department \_\_\_\_\_  
Proposed Start Date \_\_\_\_\_

## SECTION 2: TO BE COMPLETED BY THE REFEREE

The above named student is applying for a postgraduate taught degree at the University of Liverpool and has named you as a referee. Please complete this form and either return it directly to the University at the address shown overleaf, or place it in a sealed envelope, sign across the seal and return it to the applicant for forwarding to us.

Name of Referee \_\_\_\_\_  
Position \_\_\_\_\_  
Name of Institution/Company and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_  
e-mail address \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
In what capacity have you know the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFEREE'S CONFIDENTIAL REPORT

Please provide comments on the academic suitability of the applicant. You may wish to comment on the applicant's prior academic achievements, their motivation and commitment to the programme they have chosen, academic writing skills and English language ability (if not a native speaker of English). If you prefer, you may attach a separate report on your Institution's headed notepaper.

Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, please use Institution/University official stamp

Thank you for your time and co-operation in completing this reference form.

**Please return the completed form to:**

The University of Liverpool, Postgraduate Admissions Team, UKSRO, 1st Floor, Foundation Building,  
765 Brownlow Hill, L69 7ZX, UK

**T: +44 (0)151 794 5927 F: +44 (0)151 794 2060 E: [pgrecruitment@liv.ac.uk](mailto:pgrecruitment@liv.ac.uk)**

# University of Liverpool Postgraduate Reference Form

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Title (Mr/Mrs/Ms/Miss/Dr etc) \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_  
First name(s) \_\_\_\_\_ Surname/family name \_\_\_\_\_  
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Department \_\_\_\_\_  
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Position \_\_\_\_\_  
Name of Institution/Company and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_  
e-mail address \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
In what capacity have you know the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFEREE'S CONFIDENTIAL REPORT

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**T: +44 (0)151 794 5927 F: +44 (0)151 794 2060 E: [pgrecruitment@liv.ac.uk](mailto:pgrecruitment@liv.ac.uk)**

## Ethnic Origin Monitoring

In order for us to monitor equal opportunities, we would appreciate it if you would answer the following questions.

### 1 Ethnic Origin

Please enter the code which you feel best describes your ethnic origin into the box on the right.

White – British	11	Chinese	34
White – Irish	12	Other Asian background	39
White – Scottish	13		
Irish Traveller	14		
Other white background	19		
		Mixed – White and Black Caribbean	41
Black or Black British - Caribbean	21	Mixed – White and Black African	42
Black or Black British - African	22	Mixed – White and Asian	43
Other Black background	29	Other Mixed background	49
		Other Ethnic background	80
Asian or Asian British – Indian	31		
Asian or Asian British – Pakistani	32	Not known	90
Asian or Asian British – Bangladeshi	33	Information refused	98

If you have used the code for 'Other Black', 'Other Asian', 'Other Mixed' or 'Other Ethnic background', please describe your ethnic origin using your own words

### 2 Disability

In the application form we have asked about the nature of any disability in order that we can provide the best available support. For planning purposes we would appreciate it if you could identify the most appropriate description to describe your disability, and enter the corresponding number in the box on the right.

#### Disabilities/Support Required

- 0 You do not have a disability or are not aware of any additional support requirements in study or accommodation
- 1 You have a specific learning difficulty (e.g. dyslexia)
- 2 You are blind/partially sighted
- 3 You are deaf/hard of hearing
- 4 You are a wheelchair user/have mobility difficulties
- 5 You have Autistic Spectrum Disorder or Asperger's Syndrome
- 6 You have mental health difficulties
- 7 You have an unseen disability, eg diabetes, epilepsy, or a heart condition
- 8 You have two or more of the above difficulties/special needs
- 9 You have a disability, special need or medical condition not listed above

If you would like to discuss support, access and facilities for disabled people, please contact  
The Disability Support Team, Welfare and Advisory Services, Student Services Centre,  
The University of Liverpool, L69 3GD, UK  
T: 44 (0) 151794 4714 F: 44 (0) 151794 4718 E: [p.v.campbell@liv.ac.uk](mailto:p.v.campbell@liv.ac.uk)

Your completed application for postgraduate studies should be returned to:  
The University of Liverpool, UK Student Recruitment Office, Postgraduate Admissions Team  
The Foundation Building, 765 Brownlow Hill, Liverpool, L69 7ZX, UK