



Application Form

FOR OFFICE USE ONLY

Application number: _____

Please complete in BLOCK CAPITALS.

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

CONFIDENTIAL

1. Course Title

Proposed Start Date: _____ Full-time Part-time

Proposed Year/Level of Entry: Year 1 Year 2 Year 3

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc: _____ Gender: Male Female Date of Birth:

DAY	MONTH	YEAR

Surname/Family Name: _____

Maiden or any other name(s) that you have been known by: _____

First Name(s): _____

Permanent Address: _____

Post Code: _____

Correspondence Address: **Global Opportunities,
HS-27, 2nd Floor, Kailash Colony Main Market,
New Delhi-110048**

Ph: 91-29237795, 29247796, 32427795 Post Code: _____

Fax: 91-11-41632038

Daytime Telephone: **Email: helpdesk@global-opportunities.net** Evening Telephone: (if different) _____

E-mail Address: _____

Nationality: _____ If not born in the UK please state date of arrival to UK: _____

Area of permanent residence: _____

If you are a member of a Professional Body, please give its Name and your Registration Number: _____

Do you have any Disability/Special Needs? YES NO

If Yes, Please give brief details: _____

The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

Have you ever studied at UCE Birmingham before? YES NO

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes)

Advertisement <input type="checkbox"/>	Careers Service <input type="checkbox"/>	Alumni <input type="checkbox"/>	Colleague/Friend <input type="checkbox"/>
Education Fair <input type="checkbox"/>	Employer <input type="checkbox"/>	Current Student <input type="checkbox"/>	Internet <input type="checkbox"/>
Previous Student <input type="checkbox"/>	Professional Association <input type="checkbox"/>	Direct Mail <input type="checkbox"/>	Personal enquiry to UCE <input type="checkbox"/>

Other: (Please Specify) _____

