bucks new university

Application Form

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.

Please read the accompanying Notes for Guidance before completing this form

OFFICE USE ONLY	Student ID

Have you been a student at this institution before?   Yes ☐   No ☐

1. Personal details   Title   Miss
Mrs/Mr/Ms/Miss/Dr

Surname/Family Name (BLOCK CAPITALS)

Forename (s)

Previous surname, if changed

Sex M/F   Male

	Day	Months	Year
Date of birth	01	01	

Age on 31 December in year of entry ☐ Years 01 Months

2. Fee status

Country of permanent residence

Nationality

Applicants not born in the European Union, please state:

	Day	Month	Year
Date of first entry to live in the UK	01	01	

3. Ethnicity
Please tick the box which most closely describes your ethnic origin.

White
British ☐ (11)
Irish ☐ (12)
Other white background ☐ (19)

Asian or Asian British
Indian ☐ (31)
Pakistani ☐ (32)
Bangladeshi ☐ (33)
Chinese ☐ (34)
Other Asian background ☐ (39)

Black or Black British
Caribbean ☐ (21)
African ☐ (22)
Other black background ☐ (29)
Information refused ☐ (98)

Mixed
White & Black Caribbean ☐ (41)
White & Black African ☐ (42)
White & Asian ☐ (43)
Other mixed background ☐ (49)
Other ethnic background ☐ (80)

4. Source (Please tell us how you heard about BCUC)

Payment of fees
Who is expected to pay your fees? (eg Research Council, LEA, yourself, family member, employer, other)

5. Disability

Dyslexia ☐ (01)   Personal support needed ☐ (05)
Blind/partially sighted ☐ (02)   Mental health difficulties ☐ (06)
Deaf/hearing impairment ☐ (03)   Unseen disability (eg asthma) ☐ (07)
Wheelchair user/ mobility difficulties ☐ (04)   Multiple disabilities ☐ (08)
Disability not listed above ☐ (09)
Please specify

6. Correspondence address

Postcode

Tel No (incl STD code)

Evening (if different)

Student Contact No./Mobile

Email

Permanent Home address (if different)

Postcode

Tel No (incl STD code)

Evening (if different)

Student Contact No./Mobile

Email

7. Details of course (s) to which you wish to apply

Course Name

Year of Entry e.g. 2003	
Year e.g. 1, 2, 3	

Mode of Study (Please tick the one you require)

Full Time ☐   Sandwich ☐
Part Time ☐   Distance Learning ☐

8. Work experience / Occupation

Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	Name of organisation	From Month	Year	To Month	Year	FT or PT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT
		Jan		Jan		FT

9. Last two educational establishments attended

Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	From Month	Year	To Month	Year	FT or PT
	Jan		Jan		FT
	Jan		Jan		FT

10. Academic qualifications

Summary of qualifications held on application. Please tick highest qualification held.

☐ Mature Student	☐ First Degree
☐ GCSE/GCE/CSE	☐ Postgraduate Certificate
☐ National Certificate/Diploma	☐ Postgraduate Diploma
☐ HNC/HND	☐ Masters
☐ Recognised Access Course	☐ Professional Qualifications
Other – please specify	☐ English Language Qualification (please state e.g. IELTS)

11. Examinations

Applicants should list all subjects taken, whatever the result, in date order with the most recent first. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by BTEC/EDEXCEL or SCOTVEC – please attach transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.

Level, eg GCSE, A HND, degree or professional qualifications	Subject	Date Month	Year	Place of study	Results (grades or bands)	Credit Points (if applicable)
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				
		Jan				

12. Further information supporting your application Continue on a separate sheet if necessary.

Full time applicants only

13. Criminal Convictions – Do you have any criminal convictions? Tick as appropriate   ☐ Yes   ☐ No
(Please consult Notes for Guidance before completing this section)

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14. Name and address of Referee(s)

1. Name	2. Name
Address	Address
Tel Number	Tel Number
Email	Email

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15. Declaration:

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says, and I agree to abide by the conditions set out there, which I accept as conditions of this application.

I agree to Buckinghamshire New University processing personal data contained in this form in accordance with the Data Protection Act 1998.

Applicant's Signature   Tel No. Tel No.

REMEMBER TO KEEP A PHOTOCOPY OF THIS APPLICATION FOR YOUR REFERENCE

Confidential statement by Referee

Name of Referee

Post/occupation/relationship

Address

Telephone number (including STD)		Fax No. (including STD)		Email

This form may be photocopied: please type or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.

Name of applicant (block capitals or type)	

Signed

Date