INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Perth College
Creating the University of the Highlands and Islands

Submit

FOR OFFICE USE ONLY

Date Received | | | |

Student Number

COURSE NAME

Year of Entry (eg 2008) 2008

Please state the title of the course for which you are applying	Year of Course (1st, 2nd, 3rd)	Full Time	Part Time
First Choice: Second Choice:		☐ ☐	☐ ☐

PERSONAL DETAILS

First Names

Surname

Previous Surname (if any)

Gender (M/F)

Age

Date of Birth (day/month/year) | | | |

Title (Ms/Miss/Mrs/Mr/Other)

Contact Address

Correspondance (agent's address)

Postcode

Home Address (if different)

Postcode

Telephone Number

Home

Mobile

Email Address

☐ If you would like assistance with accommodation, please tick box

☐ If you would like information on our College Nursery, please tick box

Nationality

Country of Birth

Will you have been resident in the UK/European Economic Area for 3 years immediately before the start date of your course? Yes ☐ No ☐

Language(s)

Date of first entry to UK

Number of years resident in UK

Other European Economic Area

Please note that evidence may be required to support residency for fee status.

ENGLISH LANGUAGE QUALIFICATIONS

Name of Exam (please tick appropriate box) IELTS ☐ TOEFL ☐ Others ☐

Score/Band _____ Date of Exam _____

If your choice is "others" please specify the exam name _____

EDUCATIONAL QUALIFICATIONS

(Please submit copies of all transcripts and certificates with application.)

Qualification Title, Subject and Level	Name of College/School/Institution	Month/Year Left	Result Awarded	Results Pending (if any)

WORK EXPERIENCE

(Please submit copies of all transcripts and certificates with application.)
(Please enter periods of employment in chronological order, with most recent at top.)

Name of Organisation	Place and Country	Designation Held	Month/Year (From)	Month/Year (To)

OTHER QUALIFICATIONS

(Please submit copies of all transcripts and certificates with application.)

Name of Examining Body	Details of Qualification	Overall Result	Year Awarded

PERSONAL STATEMENT

Please tell us why you decided to choose this course and a little about yourself. This should include your current or previous employment, work experience, hobbies and what you have been doing most recently. Continue on a separate sheet if necessary.

Information gathered in the following sections is not used in the selection process but is required for statistical purposes and to help us identify any support needs you may have.

DISABILITY/HEALTH OR MEDICAL CONDITIONS

Please tick the boxes which describe you best.

I do not have any disabilities	
I have a specific learning disability (eg dyslexia)	
I am blind/partially sighted	
I am deaf/have a hearing impairment	
I am a wheelchair user/have mobility difficulties	
I have an autistic spectrum disorder, eg Asperger's Syndrome	
I have personal care support	
I have mental health difficulties	
I have an unseen disability, eg. diabetes, epilepsy, asthma	
I am having treatment for cancer	
I have multiple difficulties	
I have a disability not listed above	

Likely support needs

If you have a disability or support needs then we will send you relevant information.

ETHNIC ORIGIN

Ethnic Origin (Please tick one box)

	Scottish	White
	English	
	Welsh	
	Irish	
	Any other White background	

	Indian	Asian
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	

	Caribbean	Black
	African	
	Any other Black background	

	White and Black Caribbean	Mixed
	White and Black African	
	White and Asian	
	Other Mixed	

	Information refused/ Not known

	Any other background