

Please type or print in black ink and complete in BLOCK CAPITALS if hand-written.

Personal Information (for name, please state this as it appears on your passport) (REQUIRED)	
Title (e.g. Mr/Miss/Mrs):	Forename(s):
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	Home telephone:
Mobile telephone:	E-mail address:
Correspondence address:	
Country:	Post code:
Permanent home address (if different):	
Country:	Post code:

Course applied for (REQUIRED)		
BA (Hons) Business Management (Healthcare) with Foundation Year	<input type="checkbox"/> London Holborn Centre <input type="checkbox"/> Birmingham Centre	<input type="checkbox"/> Week days <input type="checkbox"/> Evenings

Intake year	2 0 _ _
Intake month	<input type="checkbox"/> January <input type="checkbox"/> June <input type="checkbox"/> September

Representative's Details (IF APPLICABLE)
Representative's Company name:
Contact name at Representative's Company:

Disability, Medical Conditions or Learning Support (REQUIRED)

The University encourages you to disclose any disability/medical condition or other need which could impact your ability to study. This information does not affect our decision to offer you a place. By providing this information on your application form, our support teams can assess if we need to provide further support to you. Please tick all that apply.

- | | | | |
|---------------------------------|----------------------------|----------------------------------|----------------------------|
| No Disability | <input type="checkbox"/> 0 | Learning Difficulty | <input type="checkbox"/> 1 |
| Blind/Serious Visual Impairment | <input type="checkbox"/> 2 | Deaf/Serious Hearing Impairment | <input type="checkbox"/> 3 |
| Wheelchair User/Mobility Issues | <input type="checkbox"/> 4 | Personal Care Support | <input type="checkbox"/> 5 |
| Mental Health Condition | <input type="checkbox"/> 6 | Unseen Disability: e.g. Diabetes | <input type="checkbox"/> 7 |
| Autistic Spectrum/Asperger's | <input type="checkbox"/> T | Other disability not listed here | <input type="checkbox"/> 9 |

Please detail other disability or additional support needs:

Residential Information/Visas

Please provide information relating to your nationality and residence. Attach copies of any pertinent Home Office documentation. Further information may be requested.

Country of permanent residence

If UK, please give County/Borough: _____

Country of birth: _____

Nationality (as on passport): _____

If you are a non EEA/UK national please answer the following questions:

Passport number (include copy of photo page with ADP): _____

Have you ever lived outside the UK/EU? Yes No

If Yes, please indicate date of entry to the UK/EU: _____

Do you currently have a UK Visa? Yes No

If Yes, enter type, expiry date and Visa number: _____

Have you been granted indefinite leave to remain? Yes No

If Yes, enter date: _____

Do you require a Tier 4 Visa to study in the UK? Yes No

Have you ever studied in the UK on a Student Visa? Yes No

If Yes, please give details:

Application history (REQUIRED)

Have you previously applied for a course with Middlesex University? Yes No

If yes, please supply Student number _____

Have you previously withdrawn from a course with Middlesex University? Yes No

School/college and university education in the UK or overseas (REQUIRED)

Please outline your previous school, college and education history, starting with your most recent education. This should include all secondary education onwards studied in the UK or overseas, including study that was not completed.

From (MM/YY)	To (MM/YY)	Institution	PT/FT/SW

Highest qualification

Please enter your highest level of education, e.g. A levels/BSc/MSc: _____

If this award was taken in the UK enter institution name: _____

If taken elsewhere please enter name and country: _____

Qualifications completed (REQUIRED)

Please list below, and submit a copy of, **all qualifications** (including transcripts and final certificates) obtained previously. If available, this must include your highest level of study being used for entry onto your chosen course.

Date (MM/YY)	Subject	Level e.g. GCSE, A level, BTEC, other	Result/grade

Qualifications not yet completed (IF APPLICABLE)

Please list below any qualifications that you are currently studying towards, with an expected completion date.

Subject	Level e.g. GCSE, A level, BTEC, other	Expected completion date (MM/YY)

English Language Proficiency (REQUIRED)

Have you studied English Language at GCSE level or equivalent as part of any previous qualification? **If yes, please provide details below:**

Qualification name:

Grade:

Year completed:

Mathematics Proficiency (REQUIRED)

Have you studied Mathematics at GCSE level or equivalent as part of any previous qualification? **If yes, please provide details below:**

Qualification name:

Grade:

Year completed:

Declaration of Criminal Record

In an effort to help the University reduce the risk of harm or injury to their staff and students caused by the criminal behaviour of other students we must know about any relevant criminal convictions an applicant has.

In this matter relevant criminal convictions are deemed only to be those convictions for offences against a person, whether of a violent or sexual nature and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them (**however, see next paragraph**).

If you are applying for a programme in health or social work which may involve work with children or vulnerable adults, you MUST tell us about any criminal convictions, including spent sentences, cautions (including verbal cautions) and bind-over orders. Due to the nature of these programmes they are exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and the Child Act 1989, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. If you are offered a place on one of these courses and before you commence your studies, you will need an 'Enhanced Disclosure Document' from the Criminal Records Bureau or the Scottish Criminal Record Office Disclosure Service.

Have you been through the Criminal Records Bureau Enhanced Disclosure process in relation to your current employment? **Yes**

If Yes, please state the date and reference number: _____

Do you have a relevant unspent criminal conviction? **Yes**

Applicants who have a previous conviction will not be automatically excluded from the application process. However, if you have ticked **Yes**, please disclose details of your offence and conviction, including dates and courts convicted at. This information should be submitted along with your application form in a separate sealed envelope, clearly marked confidential with your name and date of birth on it. Any information disclosed will be handled and disposed of securely by Middlesex University in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

If you are convicted of a relevant criminal offence after your application has been submitted, you must notify us. The University may request further disclosure from you and your offence may affect your application.

Personal statement

Please ensure that you submit a copy of your personal statement with this application form. Your personal statement should outline, in a minimum of 250 words, your motivations for studying, the reasons why you chose your course and Middlesex University Centre specifically, what you hope to achieve in the future and how the course is relevant to these plans.

Referees – Academic or Employment (REQUIRED)

Please provide the name and details of one referee who may be contacted regarding your academic work and/or employment. The referee should be from a previous employer or schools/colleges/universities listed in this application. This referee should be a named contact with a company/university/college email address.

Name:	Position:
Employer/School/University/College Name:	
Address:	
Telephone:	E-mail address:

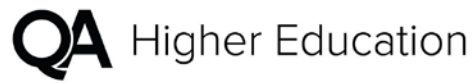
Checklist

Please tick the boxes to confirm which copies of the following documents you have sent with your application.

Copy of passport personal details page	<input type="checkbox"/> Yes
Proof of UK Residency Status (if required)	<input type="checkbox"/> Yes
Copy of EEA Residence Permit (if applicable)	<input type="checkbox"/> Yes
Copy of previous qualifications, including final certificates and transcripts, translated into English (if not in English)	<input type="checkbox"/> Yes
Personal Statement	<input type="checkbox"/> Yes
References letter if applicable	<input type="checkbox"/> Yes
Resume/Curriculum Vitae if applicable	<input type="checkbox"/> Yes



In partnership with



DECLARATION

I confirm that the information I have submitted on this application form is accurate and complete and that I have completed this form myself. I accept that Middlesex University Centre reserves the right to cancel my application if any of the information that I have submitted is subsequently found to be false or inaccurate and that by signing this declaration I am bound by the terms and conditions as outlined by Middlesex University. I give consent to Middlesex University to process the information on, and submitted with, this form for administrative purposes and for consideration of my application, but only insofar as it is permitted to do so within the constraints imposed by the Data Protection Act 1998. In particular, I understand that the University may continue to process this information even if I am refused admission or if it should decline an offer of admission. I also give consent to the University to contact the Home Office to seek information regarding my immigration status if required, whether to make an assessment of my application or at any time in the future.

Signed:

Date:

Please send your completed application form, along with your additional documents to:

home.admissions@qa.com

