

Direct application form

(where possible please apply online at londonmet.ac.uk/courses)

Application No. (Office Use Only)

Please complete this application form in block capitals and black ink. This form is available in other formats. Please contact the admissions office (details at footer) to request an alternative format. If viewing the form in Adobe Acrobat Reader use the 'Fill and Sign' function to complete the form.

1. Personal Details

Title: Mr / Ms / Miss / Mrs (circle as appropriate)

Surname/Family Name:

Previous surname: (if applicable)

First Name(s):

Home Address:

Postcode:

Telephone Number: (including STD Code):

Day:

Mobile:

Email:

Correspondence Address (if different):

Postcode:

Sex: Male

Female

Date of Birth:

Day:

Month:

Year:

2. Fee Status – to be complete in full by ALL applicants

(i) Nationality (as on Passport):

(ii) Country of Birth:

(iii) Country of usual permanent residence:

(iv) Have you ever lived outside (or were born outside) the European Union? (circle as appropriate) YES / NO

(v) Applicants not born in the EU answer the following:
(Circle the appropriate responses)

- a) Last date of entry to the EU excluding holidays?
DATE: _____
- b) Have you applied for Refugee or Asylum status in the UK?
YES / NO
- c) Have you been granted indefinite leave to remain in the UK?
YES / NO

Date Permanent Residence granted: _____

- d) Is your stay in the UK for;
- i) Education purposes, (i.e. a student visa) YES / NO
- ii) Work (i.e. Work visa or Work permit) YES / NO

3. Payment of Fees

Who is expected to pay your fees? (tick as appropriate)

Your Employer

Yourself/Relative

Other Sponsor

Please specify:
Local Education Authority:

Do you have a Disability/Special Needs?

If YES please tick appropriate box in Section 11

Yes

No

4. Full Title of the Course to which you are applying

Course Title:

Undergraduate

Postgraduate

Are you applying for credit entry (APCL)?

Full-time

Part-time

Distance Learning

Year of Entry: (if applicable) Please state the month and year you expect to start the course

Year 0: Year 1: Year 2: Year 3:

Month:

Year:

Do not complete – OFFICE USE ONLY – Do not complete

Decision by Admissions Tutor: Unconditional Offer Conditional Offer Reject Please attach a summary of any interview undertaken.

Course Offered as above : Alternative : _____ Year of

Entry: _____

Please indicate Basis of Offer / Conditions / Reason for Rejection:

Academic Signature: _____

Date: _____

5. Educational Qualifications – Please state most recent first and attach copies of certificates or transcripts. Failure to do so may delay the processing of your application. For international students these should be in both original language and English. **DO NOT ENCLOSE ORIGINAL CERTIFICATES, PLEASE SEND PHOTOCOPIES**

University, School, College Name and Address	Degree, Diploma, Certificate, A-level, BTEC, etc	Subject	Pass Overall or Fail Overall	Grades/ Division/ Class	Date Started And Date Awarded

Exams to be taken or results pending

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Continue on a separate sheet if necessary

6. English Language Qualification – For completion by all applicants

Please specify which English Language qualification you have or intend to take, and give the relevant grade/score for all components. Please also give the date of award if completed. PLEASE NOTE THAT STUDYING IN AN ENGLISH MEDIUM OUTSIDE OF THE UNITED KINGDOM DOES NOT EXEMPT YOU FROM SUBMITTING A QUALIFICATION.

7. Employment History

Employer's Name and Address	From MM/YYYY	To MM/YYYY	Position Held	Full or Part-time	Brief outline of duties
1.					
2.					
3.					
4.					

Continue on a separate sheet if necessary

8. Personal Statement – Continue on a separate sheet if required

You are advised to complete this section with particular care and as fully as possible. Continue on a separate sheet if required.

You should include:

- i. Your reasons for choosing the award/course.
 - ii. The knowledge, skills and positions of responsibility you have obtained through your work and/or education (whether paid, voluntary or domestic) which might be relevant to the award/course.
 - iii. The work experiences and/or personal developments which have been most important to you.
 - iv. The challenges facing you in your studies, work or personal career development.
 - v. Your future career plans
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8a. Passport Details

If you are a Non-European National please enter your Passport number below and include a copy of your Passport photo page with your application.

Passport number: _____

9. Criminal Convictions

Do you have any criminal convictions? YES NO

If yes, please attach details about your offence and conviction, including dates and court issuing the conviction.

For Teaching, Health or Social Work programmes any criminal conviction including spent sentences and cautions must be declared. For further guidance contact the Admissions Office or check: <https://intranet.londonmet.ac.uk/uso/students/convictions.cfm>

10. Name and Address of Referee(s)

1. Indicate below the two referees to whom you have sent the enclosed reference forms:

2. Please try to supply:

(i) One academic reference from your most recent place of study eg. School, College or University

(ii) A reference from your present/recent employer.

3. We will NOT normally request references from your referees. It is **your responsibility** to ensure that all references are forwarded to the Admissions Office, London Metropolitan University. This includes references from London Metropolitan University tutors.

Referee 1

Name:

Post Held:

Telephone Number:

Email:

Referee 2

Name:

Post Held:

Telephone Number:

Email:

11. Disability/Special Needs – Please tick the appropriate box

1. The University encourages you to disclose a disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs. Further information is available at <http://www.londonmet.ac.uk/services/student-services/advice-and-well-being/disabilities--dyslexia/>

- | | | |
|--|---|---|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Long standing illness/condition | <input type="checkbox"/> Disability not listed |
| <input type="checkbox"/> Social/Communication impairment/Aspergers | <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Two/more impairments or disabling conditions |
| <input type="checkbox"/> Blind/serious visual impairment | <input type="checkbox"/> Learning difficulty | |
| <input type="checkbox"/> Deaf/serious hearing impairment | <input type="checkbox"/> Physical impairment/mobility issue | |

Please provide further details if necessary:

12. Ethnicity Monitoring

The University is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background.

- A. White: British Irish Any other White background (specify)
- B. Mixed: White and Black Caribbean White and Black African White and Asian Any other mixed background (specify)
- C. Asian or Asian British: Indian Pakistani Bangladeshi Any other Asian background (specify)
- D. Black or Black British: Caribbean African Any other Black background (specify)
- E. Chinese or other ethnic group: Chinese Any other (specify)

13. Previous Study at London Metropolitan University or Predecessors

Have you previously studied at London Metropolitan University?

Yes No

If YES please state your old Student ID Number (if known)

14. Data Protection Act (1988)

The Data Protection Act (1988) does not permit us to give information about an application to any person other than to the person who made the application or a person they have named. Please provide details of any 3rd party you authorise us to discuss your application with.

Full Name:

Relationship to you:

15. Declaration

If you have completed this form yourself, please sign and date the declaration below:

I declare that the information given is true in all respects;

Signature of Applicant:

Date:

If you have completed this form on behalf of an applicant, **who has a disability that prevents them from completing the form personally**, sign your name and clearly state your relationship to the applicant. I declare that the information given is true in all respects;

Signed:

Date:

Print Name:

Relationship:

16. Checklist

Have you:

- Completed the application form in full?
- Attached **copies** of transcripts/certificates for your relevant qualifications?)
Failure to do so may delay a decision on your application. (DO NOT SEND ORIGINAL CERTIFICATES).
- Sent Reference Request Forms for completion?

We aim to make a decision within 2-3 weeks of receipt of your application form, though processing times may vary slightly depending on the time of year. Once received if you have provided an email address we will acknowledge your application and give details of the online applicant portal through which you can monitor your application progress. If you have not been contacted within 3 weeks and want to check progress contact the Admissions Office.

If you have received this form by email please scan the completed form and return directly to that member of staff. Otherwise please scan / post to;

London Metropolitan University | Admissions Office | 166–220 Holloway Road | London N7 8DB

Our contact numbers for application queries;

admissions@londonmet.ac.uk

Undergraduate (ie. BA/Bsc/Fda)

Postgraduate (ie. MSc/MA/PgDip)

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