

# INTERNATIONAL STUDENT APPLICATION FORM



## Instructions to applicants

1. You must attach the following with your application:
  - (i) verified translations of your qualifications
  - (ii) a copy of the personal details page of your passport
2. If you are applying to study English as a Second Language, you must send us proof of your level of English.
3. If you are under 18 at the time of making this application, this form must be signed by your parent or guardian.
4. Please use block letters and write in black ink.

1. Personal details	
Surname/Family name:	First name/s:
Title: Mr /Mrs/Miss/Ms delete as applicable	Male <input type="checkbox"/> Female <input type="checkbox"/> please tick
Date of birth:                      Age at 31.08.2011	Date of entry into UK:
Home address:	Nationality:
	Spoken Language:
	Email address:
	Telephone number:
	Mobile number:
Fax:	
Correspondence address: e.g. UK address	
Have you been a permanent resident in the EU for three years immediately before the start of the course? Yes <input type="checkbox"/> No <input type="checkbox"/> please tick	
If No, what was your date of entry into the EU?	Date <input style="width: 100px;" type="text"/>

2. Course details	
Course title, <b>for example:</b> Full-time English as a Second Language, English Language Summer School, National Diploma in Sports Science, HNC Business.	
If you have chosen English Language Summer School, please tick the appropriate box below: General English <input type="checkbox"/> General and Academic English <input type="checkbox"/> English with Art and Design <input type="checkbox"/>	
Start date:	Finish date:
If you have chosen 'English as a Second Language', full-time (15 hours per week), you can also attend the following classes at an extra fee. Please tick the boxes if you want to attend:	
English for Business <input type="checkbox"/>	Extra General English 4 hours <input type="checkbox"/> 5 hours <input type="checkbox"/>
IELTS preparation <input type="checkbox"/>	

### 3. Education and qualifications

Please list your qualifications here, including any exams for which you do not have results yet:

School/College/University	Subject	Month/Year	Level	Expected grade	Actual grade

How long have you studied English?

What do you think your level of English is?    Elementary     Intermediate     Advanced     please tick one box

Have you passed any English Language qualifications, for example IELTS/TOEFL? If so, please give us more details:

Exam title	Examining board	Grade achieved	Date

If you have chosen 'English Plus' please tick the appropriate box below:  
 English Plus Art and Design     Tailor-made course     (Please state which subjects you are interested in)

### 4. Additional support: (please tick any of the boxes where relevant.)

<p>Do you consider yourself to have a disability?          Please tick one box Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visual impairment &amp; will need extra help</li> <li><input type="checkbox"/> Hearing impairment &amp; will need extra help</li> <li><input type="checkbox"/> Disability affecting mobility</li> <li><input type="checkbox"/> Other physical disability &amp; will need extra help</li> <li><input type="checkbox"/> Emotional/behavioural difficulties</li> <li><input type="checkbox"/> Mental health difficulty</li> <li><input type="checkbox"/> Temporary disability after illness (e.g. post-viral or accident)</li> <li><input type="checkbox"/> Aspergers Syndrome</li> <li><input type="checkbox"/> Other medical condition which could affect my studies:</li> </ul>	<p>Do you consider yourself to have a learning difficulty?          Please tick one box Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes,</p> <p><b>E.g. epilepsy, ME, diabetes please state:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Moderate learning difficulty</li> <li><input type="checkbox"/> Severe learning difficulty</li> <li><input type="checkbox"/> Dyslexia</li> <li><input type="checkbox"/> Other specific learning difficulty (e.g. ADHD, dyspraxia).</li> </ul> <p>Please state:</p>
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## 5. Employment history

Please give details of your employment history (if any):

Job title/ Position	Start date	Finish date	Full or part time	Name of employer

Present occupation:

## 6. References

(Please note that referees must know you on an academic or professional basis e.g. former/current teacher and/or employer)

1. Name:	1. Name:
Relationship:	Relationship:
Address:	Address:

Address of present employer:

## 7. Accommodation

Do you want the College to assist you in arranging accommodation for you?

Yes  No  please tick

If yes, please complete the 'Accommodation Form'.

## 8. Airport transfer

Do you want the College to arrange airport transfer for you?

Yes  No  please tick

If yes, please complete the 'Arrival Form'.

## 9. Personal statement (Please note that this is essential information and will be used to help the assessment process).

Please say why you have chosen this area of study and how it might be useful in your future plans. You may also give any other information or experience which you feel is relevant to your chosen area of study (e.g. work experience, employment, voluntary work).

## 10. How did you find out about the College and courses on offer?

<input type="checkbox"/> Education Fair	Which one?
<input type="checkbox"/> British Council office	Which one?
<input type="checkbox"/> Recommended by a friend	
<input type="checkbox"/> Recommended by family	
<input type="checkbox"/> Internet	Which site?
<input type="checkbox"/> Advertisement	Where seen?
<input type="checkbox"/> Education agent	Which one?
<input type="checkbox"/> Other	Please state?

We regret that we can only consider monetary refunds in truly exceptional personal and verifiable circumstances but we may be able to give you a credit note for use against other courses at the College at a later date. The final decision on whether a refund is allowed will rest with the Finance Director of the College. In the case of visa refusals, the original documents must be sent to the College.

## 11. Declaration

City of Bath College needs to process personal information about applicants in order to make admissions decisions, to provide advice, guidance, education and training. In assessing applications information may be released to relevant government departments/agencies and Local Authorities.

Where an Application is not converted into an enrolment, paper records held on an applicant will be destroyed within 30 days of the stated date(s) of the course(s) to which this application relates. Data may be retained in an electronic format for analysis and future advice and guidance provision. Further details of the College's data protection arrangement are available on request.

I understand that the City of Bath College will need to process personal information in order to take admission decisions in accordance with the details set out above:

Signature:	Date:
<b>Parent/guardian consent (under 18s)</b> As the parent/guardian of the applicant, I confirm that I agree to him/her participating in any course related visit/trip/activity arranged by the College. I grant the College the authority to take practical and legal decisions including emergency medical treatment. This is to be undertaken in the event of an urgent decision being required and the College being unable to contact me. I agree to the travel and accommodation arrangements which are organised by the College or its external agent/s. These include travel to/from the airport by coach/taxi and daily travel to/ from the applicant's accommodation by the local bus service. I confirm that the information given on this application form is accurate and agree that he/she will be subject to the College regulations.	
Name of parent/guardian ( <i>block capitals</i> )	
Signature:	Date:
Please print name:	

## Checklist

- Have you completed all sections of this form?
- Have you enclosed verified translations of your qualifications?
- If you are under 18 years of age, has your parent/guardian signed the form?

Please return your completed Application Form and verified translations of your qualifications to:  
**International Office, City of Bath College, Avon Street, Bath, BA1 1UP, United Kingdom**

**Telephone:** +44 (0) 1225 328724

**Fax:** +44 (0) 1225 328758

**Email:** intstudent@citybathcoll.ac.uk

Or +44 (0) 1225 328723