

Student No:

## Application form

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or UCAS Teacher Training (UTT).

Please read the accompanying Notes for Guidance before completing this form.

1 Personal details		
Title (PLEASE TICK APPROPRIATE BOX) Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Surname / Family name (BLOCK CAPITALS)
First name (s)		Previous surname / Family name, if changed
Address		Correspondence address
Postcode		Postcode
Passport Number (for Overseas Applicants only) (Please send photocopy of passport)		Will you require details on campus accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you studied at the University before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your Student Number?
Daytime telephone number	Evening telephone number	Mobile telephone number
Email Address <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Gender: Male (M) Female (F) <input type="checkbox"/>		Date of birth day      month      year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2 Details of course to which you wish to apply		
Course title	Mode of study full-time / part-time	Start date month / year
Do you wish to register for an award? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Award (eg: BSc/IFD/GTP) _____ If IFD/IPMD, please specify the course onto which you will be progressing: _____ FOR INTERNATIONAL STUDENTS ONLY: Year Abroad Yes <input type="checkbox"/> No <input type="checkbox"/> Semester Abroad Yes <input type="checkbox"/> No <input type="checkbox"/>		
For applicants for Education Programmes only:		
Do you have qualified teacher status? Yes <input type="checkbox"/> No <input type="checkbox"/> DfES Number _____ If yes how much teaching experience (full-time equivalent) _____ Years _____ Months Your current school or setting (please circle as appropriate): Early Years / Primary / Middle / Secondary / 6 <sup>th</sup> Form / Special School / Training School / Specialist College / FE College / 2 W K H U « « « , Q G H S H Q G H Q W V H F W R U 6 W D W H V H F W R U 2 W K H U « « « « « « « « « «		
For applicants for Nursing/ Midwifery programmes only:		
Are you a Registered Nurse? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is your NMC Pin Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Will you require a Student Visa whilst studying nursing/midwifery in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you eligible for an NHS bursary? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### 3 Financial and residential details

Country of permanent residence

Nationality

Applicants not born in the European Union please state date of first entry into the EU/UK      day      month      year

**Name of person/organisation expected to pay your fees (eg the name of the LEA / TDA/ NHS /Employer**

**8 English Language - Please enclose certified copies of certificates.**

Is English your first language? Yes      No

Was English the language of instruction at school/college/university? Yes      No

If no, what is your first language?

IF no give details of 12.8 Td [(lf)-16 ( )11 (n)-3 (o)-3 (, )u8C qr42 qr42 qr42 qr42 qr42 qr42 ( o)7 (f)-14 ( 9 (l)9 (e)-u(c)-6 (t)3

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Name		Name	
Address		Address	
Postcode	Telephone number	Postcode	Telephone number



## REFERENCE FORM

<b>APPLICANT DETAILS</b> (TO BE COMPLETED BY THE APPLICANT)	
Name of Applicant:	
Course Applied for:	
<b>REFEREE DETAILS</b>	
Name of referee	
Post/Occupation/Relationship	
Address	
Telephone	Fax.
Email address	
Should this reference be treated as confidential? Yes/No. If confidential please return direct to The Admissions Office, University of Worcester, Henwick Grove, Worcester WR2 6AJ. Tel 01905 855111 Fax 01905 857542	

## Advice for Referees

**Notes for Guidance**

These notes contain important information on how to make

want to consider the application further or ask for more information before making a decision.

**Courses in teaching, health, social work and courses involving work with children or vulnerable adults**

For these courses, you must enter X in the box if any of the following statements apply to you

- (a) I have a criminal conviction
  - (b) I have a spent criminal conviction
  - (c) I have a caution (including a verbal caution)
  - (d) I have received a reprimand and/or final warning
  - (e) I have a bind-over order
  - (f) I am serving a prison sentence for a criminal conviction.
- If statement (f) applies to you then you must also give the