

OFFICE USE ONLY

Applicant number

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Date received

D	D	M	M	Y	Y	Y	Y
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SECTION 1

Please return this form to:

Central Recruitment, University of West London, St Mary's Road, Ealing, London W5 5RF

If you would like additional information or help with filling in this form, please contact the Learning Advice Centre on 0800 036 8888.

Details entered onto this form will be transferred to computer. This information will be treated confidentially in accordance with the Data Protection Act, 1998.

Your choice of course (please use CAPITAL letters)

Please state which course you wish to study (including Stage, Part, Phase or Level, where relevant).

MSc FINANCE & ACCOUNTING FOR PROFESSIONAL ACCOUNTANTS

TOP-UP

If you are applying for a music course please state your main instrument

N/A

Please indicate your proposed start date.

SEPTEMBER 20.....

Please indicate your site.

Nicosia Limassol **CYPRUS**

Some courses are available in several modes of study. Where this is the case, please indicate your preferred mode of study.

Part-time, day Part-time, day and evening Full-time
Distance/open learning Part-time, evening

Personal (please use CAPITAL letters)

Title (eg Ms/Mrs/Mr/Dr)

Surname (Family name)

Previous surname if changed

First name(s)

Gender

Male Female

Date of birth

D	D	M	M	Y	Y	Y	Y
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Home address

Telephone

 Postcode

Home	Work
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e-mail	Mobile
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Nationality

Country of birth

Country of domicile or permanent residence

CYPRUS

Non European Union (EU) Applicants

Please note that non-EU students are liable for the full costs of their study programmes.

Applicants NOT born in the EU, please state:

Date of first entry to the EU

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of most recent entry to the EU

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date from which you have been granted:

Exceptional leave to remain in the UK

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full refugee status in the UK

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Indefinite leave to remain in the UK

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date on which your student visa was issued (if applicable)

D	D	M	M	Y	Y	Y	Y
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SECTION 2

Paying for your course

If you are applying for a short course or a foreign language course, you need only complete Section 4, sign and date the Declaration in Section 5.

Who will pay your fees?

Research Council	<input type="checkbox"/>	Family member	<input type="checkbox"/>
Local Education Authority (LEA)	<input type="checkbox"/>	Employer*	<input type="checkbox"/>
Yourself	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

*if your employer is paying your fees, please enclose a sponsor letter with this Application Form.

If an LEA, which one?

Please indicate () if you have previously received an educational award from UK public funds? Yes No

If Yes, please provide details

Funding body	
Course	
Dates of attendance	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Previous education and work experience

If you are currently attending, or have previously attended the University, please give the title of the course you are undertaking or have undertaken.

Course title

Dates of attendance

From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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For monitoring purposes, please indicate () whether you have previously taken any higher education course (degree, HND or higher level) in the UK.

Not previously studied an HE course in the UK

Previously attended an HE course at another UK institution

Returning to complete an HE course started at another UK institution after a period away

Transferring from an HE course at another UK institution

Wherever possible, the University of West London offers credit for any relevant prior learning and experience which you may have. Please indicate if you would like details of our Accreditation of Prior Learning/Experiential Learning Scheme.

Please outline any work experience you have had (both paid and unpaid) which you consider relevant to your chosen course of study.

Job title
Name of organisation
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Duties

Please include details of any special responsibilities. Continue on a separate sheet if necessary.

Job title
Name of organisation
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Duties

Job title
Name of organisation
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Duties

Equal Opportunities

Please note, this section of the form will be detached before your application for a course is considered.

We would encourage you to give information about your disability to the University so that we can endeavour to make reasonable adjustments for you. This information will only be available to Admissions and Disability Staff and will not be made available to anyone else without your explicit permission.

SECTION 4

Please use CAPITAL letters

Surname (Family name)

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please use exactly the same format of your surname as you have used in Section 1 of this form.

Ethnic Origin

The University of West London is committed to the pursuit of equality and social justice and has a policy of equal opportunities. Please help us to evaluate the effectiveness of this policy.

Please indicate which you feel best reflects your ethnic origin.

- | | | | | | |
|------------------------------------|--------------------------|----|--------------------------------------|--------------------------|----|
| White (British) | <input type="checkbox"/> | 11 | Asian or Asian British – Bangladeshi | <input type="checkbox"/> | 33 |
| White (Irish) | <input type="checkbox"/> | 12 | Chinese | <input type="checkbox"/> | 34 |
| White (Scottish) | <input type="checkbox"/> | 13 | Asian other | <input type="checkbox"/> | 39 |
| Irish Traveller | <input type="checkbox"/> | 14 | White and Black – Caribbean | <input type="checkbox"/> | 41 |
| Other white background | <input type="checkbox"/> | 19 | White and Black – African | <input type="checkbox"/> | 42 |
| Black or black British – Caribbean | <input type="checkbox"/> | 21 | White and Asian | <input type="checkbox"/> | 43 |
| Black or black British – African | <input type="checkbox"/> | 22 | Other mixed background | <input type="checkbox"/> | 49 |
| Black other | <input type="checkbox"/> | 29 | Other ethnic background | <input type="checkbox"/> | 80 |
| Asian or Asian British – Indian | <input type="checkbox"/> | 31 | Information refused | <input type="checkbox"/> | 98 |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | 32 | | | |

Disability

The University of West London welcomes and supports students with learning difficulties and disabilities.

To help us to provide appropriate support services, please indicate which term is descriptive of your disability.

Please indicate any support the University can provide to help you in your studies or examinations.

- | | | | | | |
|---|--------------------------|----|---------------------------------------|--------------------------|----|
| No Disability | <input type="checkbox"/> | 00 | Require personal care support | <input type="checkbox"/> | 05 |
| Dyslexia | <input type="checkbox"/> | 01 | Mental health difficulties | <input type="checkbox"/> | 06 |
| Blind/partially sighted | <input type="checkbox"/> | 02 | Unseen disability eg diabetes, asthma | <input type="checkbox"/> | 07 |
| Deaf/hearing impairment | <input type="checkbox"/> | 03 | Multiple disabilities | <input type="checkbox"/> | 08 |
| Wheelchair user/mobility disability | <input type="checkbox"/> | 04 | Autistic Spectrum Disorder | <input type="checkbox"/> | 10 |
| A disability or special need not listed above (please specify) 09 | | | | | |

Criminal Conviction(s)

This part of the form **MUST** be completed.

If you do not tick either the 'Yes' or 'No' box, we will not process your application. In such circumstances, we will contact you to get the information, but this will delay your application.

Do you have any criminal conviction(s)? Yes No

You must tick the YES box if you have a conviction, NOT including:

- a motoring offence that you received a fine or three penalty points for; or
 - a spent sentence (as defined by the Rehabilitation of Offenders Act 1974), except for certain courses.
- Please be aware that for certain courses, particularly in teaching, health, social work and other courses involving work with children, you must tell us about ANY criminal conviction(s), including spent sentences and cautions.**

NOTES

- If you are not sure whether to tell us about a previous conviction, you should get more advice from your local Citizens' Advice Bureau or Probation Service, or from the National Association for the Care and Resettlement of Offenders (NACRO). You can also contact a solicitor, but you may have to pay for legal advice.
- If you are convicted of a criminal offence, after you have applied, you **MUST** let us know immediately.
- If you are serving a prison sentence, you must tick the 'Yes' box. You must also give the prison address as your postal address on the front page of this form, and a Senior Prison Officer must support your application.

References

Many of our courses, particularly those at postgraduate level, require you to provide two references. Please check whether the course you are applying for, has this as a requirement for entry.

Wherever possible, one Referee should relate to your current or recent work and one to any current or recent study you have undertaken.

Reference 1

Name	
Position	
Address	
	Postcode
Daytime telephone number	
e-mail	

Reference 2

Name	
Position	
Address	
	Postcode
Daytime telephone number	
e-mail	

Declaration

To the best of my knowledge, the information I have given on this form is correct.

Signature of applicant

Date

Have you complete all relevant sections of the forms, including,

- Equal Opportunities?
- Ethnic Origin?
- Criminal Convictions?

Reference Form 1

Applicant's name

TO BE COMPLETED BY THE APPLICANT

Course applied for

TO BE COMPLETED BY THE APPLICANT

The above has quoted you as a Referee in his/her application to the University of West London.

Thank you for taking the time to complete this reference.

As many candidates apply, selection is often difficult. Your comments will make a significant contribution to assessing the applicant.

Your comments will be treated in the strictest confidence. Please let us know if you would like this reference to be acknowledged.

Please tick

Yes No

How long have you known the applicant and in what capacity?

What do you consider to be the applicant's main strengths and weaknesses?

Strengths	Weaknesses

What is your overall opinion of the applicant's suitability for this course?

PTO

Reference Form 2

Applicant's name

TO BE COMPLETED BY THE APPLICANT

Course applied for

TO BE COMPLETED BY THE APPLICANT

The above has quoted you as a Referee in his/her application to the University of West London.

Thank you for taking the time to complete this reference.

As many candidates apply, selection is often difficult. Your comments will make a significant contribution to assessing the applicant.

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Please tick

Yes No

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Strengths	Weaknesses

What is your overall opinion of the applicant's suitability for this course?

PTO

Please return this form to:

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To help us further with our assessment of this candidate, it would be helpful if you would rank the applicant relative to his/her peer group eg, relative to other, similarly qualified employees, or to fellow undergraduates, or to fellow postgraduates.

Peer group for comparison:

Capacity % rating in peer group	Outstanding 95%+	Excellent 90%-94%	Very good 75%-89%	Good 60%-74%	Average	Below average	Not known
Intellectual/academic							
Fluent and logical communication							
Orally							
Written							
Ability to work hard							
Perseverance							
Leadership							
Creativity							
Social skills							

Is there any other information which you feel is relevant to this application?

Please continue on a separate sheet if necessary.

Name

Position

Address

Postcode

Telephone **Fax**

e-mail

Signature **Date**

Please return this form to:

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Intellectual/academic							
Fluent and logical communication							
Orally							
Written							
Ability to work hard							
Perseverance							
Leadership							
Creativity							
Social skills							

Is there any other information which you feel is relevant to this application?

Please continue on a separate sheet if necessary.

Name

Position

Address

Postcode

Telephone **Fax**

e-mail

Signature **Date**