

APPLICATION FOR ENTRY TO PROFESSIONAL COURSES



OFFICE USE

Date Received: Admissions No: Course Code:

Decision Offer: Unconditional Conditional Reject Unique Learner No:

Conditions:

Course Leader/Admissions Tutor Signature: Date:

- Please tick which course you are applying for:
- Chartered Association of Certified Accountants (ACCA)
 - Chartered Institute of Management Accountants (CIMA)
 - Chartered Institute of Purchasing & Supply (CIPS)
 - Chartered Institute of Personnel & Development (CIPD)
 - Chartered Institute of Marketing (CIM)
 - Certificate in Management Studies (CMS)
 - Diploma in Management Studies (DMS)

PART 1 : PERSONAL DETAILS

If you have attended the University of Gloucestershire (formerly Cheltenham & Gloucester College of Higher Education) before, please state your Student Number, if known:

Surname/Family Name: _____ Forenames: _____

Title: _____ Gender: _____ Date of Birth: _____

Nationality: _____ Country of Birth: _____

Please specify your permanent home if not the UK: _____ Date of first entry to the UK: _____

Home Address: _____ Postal Address (if different): _____

Postcode: _____ Postcode: _____

Home Telephone Number: _____ Work Telephone Number: _____

Email address (if applicable): _____

Please tick to show who will pay your tuition fees: Self Employer Other (please specify)

If Employer or Other, please provide name, address and telephone number: _____

Passport Number: _____

PART 2 : COURSE DETAILS

Course Title:	Office Use UCAS Code:
<input type="text"/>	<input type="text"/>

Year of Entry: September entry or February entry? Sept Feb

Please indicate if you wish to be considered for entry with credit for previous learning: YES NO

PART 4 : EMPLOYMENT HISTORY

Employer's Name & Address:	Nature of Work:	Dates From/To:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 5 : LETTER OF APPLICATION

Please provide further information in support of this application giving your reasons for wishing to undertake this course of study, how your educational and/or employment experience is relevant to the course applied for, and your career aspirations. If you have other skills, eg Information Technology, not mentioned elsewhere on this form please provide information here (continue on separate sheet if necessary).

New entrant to Higher Education (please tick ONE code):

- Student has had prior HE experience in the UK lasting six months or more.
 Student has not had prior HE experience in the UK lasting six months or more.

Parental Education (please tick ONE code): Do any of your parents have any Higher Education qualifications. This includes natural parents, adoptive parents, stepparents or guardians who have brought you up.

- Yes No Don't know Information refused

PART 6 : REFERENCE

Please give the name and address, with telephone number, of someone who would be prepared to write in support of your application, if required.

Surname: _____ Forenames: _____
Designation: _____
Address: _____

Postcode: _____ Telephone: _____

PART 7 : APPLICANT'S DECLARATION

I certify that the above information is correct to the best of my knowledge and I agree to comply with the regulations of the University. I confirm that I am familiar with the 'University Terms and Conditions' found at: www.ecommercegateway.co.uk/glos.terms.asp

Signature: _____ Date: _____

Please complete Part 8 and then send the completed application form to:

University of Gloucestershire
Academic Services Office
009 Owen Building
The Park
Cheltenham
GL50 2RH

PART 8 : EQUAL OPPORTUNITIES

To measure the effectiveness of its equal opportunities, including its positive action policies, the University needs to carry out detailed monitoring of the whole of the recruitment and selection process. You are therefore asked to complete the questionnaire below so that we can collate information regarding ethnic origin and disabilities of applicants. The information given here will not be available to the selection panel.

Ethnic Origin

- 10 White
 21 Black or Black British - Caribbean
 22 Black or Black British - African
 29 Other black background
 31 Asian or Asian British - Indian
 32 Asian or Asian British - Pakistani
 33 Asian or Asian British - Bangladeshi
 39 Other Asian

- 41 Mixed White and Black Caribbean
 42 Mixed White and Black African
 43 Mixed - White and Asian
 49 Mixed - Other mixed background
 80 Other ethnic background
 98 Information refused

Nationality: _____

Students with Disability

(please tick ONE code)

- 02 Blind/Partially sighted
 03 Deaf/Hearing impairment
 04 Wheelchair user/Mobility difficulty
 05 Personal care support
 06 Mental Health difficulty
 07 Unseen disability (eg Asthma)
 08 Multiple Disabilities
 10 Autistic Spectrum Disorder

11 A Specific Learning Difficulty eg Dyslexia

96 A Disability not listed

97 Information Refused

Are you in receipt of a Disability Allowance (DSA)?

Yes No

Disability Reg Number: _____