



Attach passport sized photograph here

Instructions: Please complete this form in **CAPITAL LETTERS** using **Black** or **Blue** ink

For Official Use Only

Date Received - - Application No

Course Options

Course Option 1	<input type="text"/>
Course Option 2	<input type="text"/>
Course Option 3	<input type="text"/>

Information about You

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (Please state)
Family Name	<input type="text"/>				
First Name	<input type="text"/>				
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Nationality	<input type="text"/>		
Correspondence Address	<input type="text"/>		Permanent Home Address (if different)	<input type="text"/>	
Telephone	<input type="text"/>		Mobile	<input type="text"/>	
Email	<input type="text"/>				
NI Number	<input type="text"/>				
Passport Number	<input type="text"/>		Expiry Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

UK Residency Status

Have you been resident in the UK for the last 5 years?

YES NO

If yes, can you provide evidence to prove that you have been in the UK for this period

YES NO

If no, date of entry to UK

- -

From which country

Please state the addresses along with the duration at which you have stayed for the last 5 years:

Address

Post Code

From

- -

To

- -

Address

Post Code

From

- -

To

- -

Address

Post Code

From

- -

To

- -

*Please use extra sheets if required

Will you be applying for Student Finance to pay the tuition fee?

YES NO

If yes, have you checked if you are eligible for Student Finance for the duration of your course?

YES NO

Criminal Convictions

(If there are any)

Disabilities and Special Learning Requirements

Disabilities

If you have any disabilities or medical conditions we should know about, please give details.

Learning Requirements

If you have any specific learning requirements, please give details

Education History

Name and address of the most recent School / College / University	From	To	Mode
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

Please submit a copy of all previous qualifications (including transcripts and final certificates) obtained previously that you would like to be considered when we assess you for entry onto your chosen course. If available, this must include your highest level of study being used for entry onto your chosen course.

English Language Proficiency Certificate

Is your mother tongue English (Native English Speaker)? YES NO (if YES go to the section 8 Work Experience)

Please note that it is mandatory for you to possess minimum English Language proficiency equivalent to Common European Framework of Reference (CEFR) level B2 to study the Undergraduate/HND Programmes

Please choose from the following that applies to you:

- **Have you studied the final two years of school in English?** YES NO
- **Have you recently completed a qualification in English?** YES NO

English Language Proficiency Qualification / Score if applicable:

IELTS TOEFL Other

Work Experience

Please give brief details of any work experience you have done. Please include training schemes, part-time and full-time employment and voluntary work.

Please ensure that you submit a copy of your CV with this application form. Your CV must clearly show what you have been doing since you last studied (employment history)

Referees

Please provide the names and details of two persons who may be contacted regarding your academic work and/or employment

1st Contact

2nd Contact

Name
Relationship
Phone
Address

Name	<input type="text"/>
Relationship	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>

Name	<input type="text"/>
Relationship	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>

Interests and Hobbies

We would like to know more about you and have left this space for you to write briefly about your spare time interests, career plans and what you hope to achieve in the future. Please add an additional sheet if required.

<input type="text"/>

The Course and Your Future

Please tell us why you wish to take this course and what you plan to do in the future. Please try to fill this section in as best as you can as it does help us. You can use separate sheet if necessary.

<input type="text"/>

Declaration

I understand that the information given on this form can be used for any matter related to my application for a programme of study, and for marketing and research purposes either by the College or by organisations employed by the College to undertake such work.

I give my consent to the processing of data on this form on the understanding that the information I have supplied will be used only for the purposes set out above, and my consent is conditional upon the College complying with its obligations and duties in accordance with the College's registration under the Data Protection Act.

Signature of Applicant

Date

 - -

Next of Kin Details

Please provide details of two persons:

1st Contact

2nd Contact

Name

Relationship

Phone

Address

Checklist

Student Documentation Checklist

CV

Proof of Work Experience (if applicable)

Proof of address

Next of kin details

Proof of National insurance number (NI)

Passport Size Photo

Passport copy

Proof of English Language Proficiency

Educational documents

Proof of 5 Year Address History

Notes of Guidance to completing this Application Form

These notes are intended to help you complete the Student Application Form and to ensure that your application can be processed efficiently.

1. If applicable, applicants are advised to send all correspondence via email or by post via reputable courier.
2. In any future correspondence, please quote your Name and DOB for our ease of reference.
3. In order to assist the College in making a decision on your application, please provide all relevant original documents (e.g. certificates, transcripts, results, predicted grades, academic/work references). To avoid delays in the selection process, please ensure that relevant references accompany the form, or are forwarded as soon as possible by your referees.

Terms & Conditions

1. The student agrees to attend maximum tutorials and lectures specified in the timetable and also agrees to adhere to our 'Attendance Policy'. If he/she fails to follow the Attendance Policy, this may lead to strict disciplinary action including withdrawal from the course.
2. Strict disciplinary action will be taken against any students for any inappropriate form of behaviour or conduct which can lead to exclusion/withdrawal from the course.
3. The student agrees that he/she is fully aware of the different subjects that are offered on his/her course and is aware of the facilities and services offered by the College.
4. The student agrees that once enrolled he/she will not be refunded any fees paid if the student later decides to withdraw due to any reason. If the student withdraws after enrolling, any outstanding fees for the Academic Year will become payable immediately. The student will not have any claim against the College in relation to the fees paid.
5. The student confirms that all the information submitted on this application form is accurate and complete to the best of his/her knowledge and the student accepts that London College of Business Studies has the right to cancel the application and withdraw the admission if any of the information submitted is subsequently found to be false or inaccurate.
6. The student agrees not to defer his/her semester or change his/her course without prior written authorisation of the College.
7. All courses and modules are subject to change and can vary from time to time. The College reserves the right to change the contents of the course without any prior notice to the student.
8. The student agrees to pay the relevant awarding body registration fee on request. This fee will be non-refundable.
9. Data Protection Act – The information contained in this Application will be used for the purpose of processing your application and in case you are admitted, will form the basis of your student record. By submitting this application you give consent to processing and storing of your data by the College, but only insofar as it is permitted to do so within the constraints imposed by the Data Protection Act.

Signature of Applicant

Date

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Please return the completed form to:



**London College of
Business Studies**

Office 12, Ground Floor **Email:** admin@lcbs.co.uk
806 High Road Leyton, **Tel:** 0208 988 3460
Leyton, London
E10 6AE, UK