

Photograph

**APPLICATION FORM**

**Please complete this form in BLOCK letters using black ink.**

(You must complete all sections for the application to be accepted)

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| **Section A Personal Details** | | | | | |
| First Name(s) |  | | | | Title (Mr / Mrs / Ms *I* Miss, Other…….) |
| Surname |  | Sex | Male □Female □Other□ Prefer not to say □ | | |
| Date of Birth |  | Any gender changed | | Yes □No□Prefer not to say □ | |
| Place of Birth |  | Nationality | |  | |
| Passport/ID No. |  | Passport/ID Expiry Date | |  | |
| UK Entry Date |  | Visa Expiry Date | |  | |
| Visa Type (Where Applicable) ILR□ Other: | | | | | |

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| **Contact Details** | | | |
| Current Address........ .... .......................................  .............................Post Code..............................  Country .............................................................. | | Permanent Address (if different).......................................  .......................................Post Code...............................  Country ......................................................................... | |
| Mobile |  | Telephone |  |
| E-mail |  | | |

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| **Emergency Contact Details/Next of kin** (Please tell us who you would like the College to contact in case of emergency) | | | | | | | | | |
| Name |  | | | | Title (Mr / Mrs / Ms / Miss, Other | | | | |
| Relation |  | | | | | | | | |
| Address ................................................................................  Country........................................Post Code........................ | | | | | | Mobile/Tel | |  | |
| E-mail | |  | |
| **Course Details** | | | | | | | | | |
| Course Name | |  | | | | | | | |
| Awarding Body | |  | | | | Course Level | | |  |
| Session | |  | | | | Year | | |  |
| Mode of Study | | Full Time □ Part Time □ | Time of Study | | | | Day □ Evenings & Weekend □ | | |
| ULN No (if any): | | | | UCAS Course Code: | | | | | |

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| Section B **Qualifications** (Highest qualification obtained or expected) | | | | | | | | | |
| Qualification Name | Qualification Level | Name of Institution | | Awarding Body | Subject | | Year of  Completion | | Grade |
|  |  |  | |  |  | |  | |  |
| Please forward the certificate and transcript of your qualifications (officially translated if not in English). | | | | | | | | | |
| **Work Experience** / **Training** | | | | | | | | | |
| Please indicate details of your recent appointments | | | | | | | | | |
| **Organisation** / **Regulatory Body** | | | **Position Held** | | | **From** | | **To** | |
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| **Section C English Language Proficiency** | | | | | | | |
| Is English your first language? | | | Yes □ No □ | | | | |
| If English is not your first language, please state your qualifications. | | | | | | | |
| Test Name (IELTS/PTE) | Listening | Reading | | Writing | Speaking | Overall | Expiry Date |
| IELTS |  |  | |  |  |  |  |
| Other (Please Specify) | | | | | | | |

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| **Section D Personal Statement** |
| Why do you wish to do this course? (Please attach an extra sheet if needed) |
|  |
| Where did you find out about the courses of our College? |
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| **Section E Finance** | | | |
| Source of Finance: SLC □ Own Funding □ Sponsorship □ | | | |
| **Name and address of person or organisation of sponsorship** | | | |
| Name |  | Title (Mr/ Mrs / Ms / Miss, Other ) | |
| Relation | | | |
| Address ················································································  .....................................................Post Code........................ | | Mobile/Tel |  |
| E-mail |  |

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| **Section F Equal opportunities monitoring** | | | | | | | | | | |
| (Please put cross in appropriate box) | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | | |
| * White - British * White - Irish * White - other * Mixed - White/black African * Mixed - White/black Caribbean * Mixed - White/Asian * Mixed - other * Chinese | | | | * Asian/Asian British - Indian * Asian/Asian British - Pakistani * Asian/Asian British - Bangladeshi * Black/Black British - Caribbean * Black/Black British - African * Black/Black British - other * Other ethnic group   □ Please specify......................... | | | | | | |
| **Disabilities** | | | | | | | | | | |
| * No known disability * Special Leaning Difficulty /Dyslexia * Autistic Spectrum Disorder * Blind/partially sighted * Deaf/hearing impairment * Two or More Impairments | | | * Wheelchair user/mobility difficulties * Personal care support * Mental health difficulties * Unseen disability e.g. diabetes * Multiple disabilities   □ Other................................. | | | | | | | |
| If disabled, | are you receiving any Disability | Allowances? | | | | Yes □ | No | □ | Prefer not to say | □ |
| **Religion or Belief** | | | | | | | | | | |
| * No religion * Buddhist * Christian * Christian - Church of Scotland * Christian - Roman Catholic * Christian - Other denomination   □ Hindu | | | | | □ Jewish   * Muslim * Sikh * Prefer not to say * Not known   □ Other................................. | | | | | |

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| **Sexual Orientation** | |
| □ Bisexual   * Gay man * Gay woman/lesbian | * Heterosexual * Prefer not to say   □ Other................................. |

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| **Are you a Carer** | |
| * Not a carer * Carer | * Information refused * Other................................. |
| **Are you a Care Leaver** | |
| * Care leaver (16+) * In care in the rest of the UK * Not a care leaver | * Looked after in Scotland * UCAS defined care leaver   □ Information refused   * Other................................. |

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| **Section G Referees** | | | | | |
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| **Referee 1** | | | | | |
| Full Name |  | | Title (Mr / Mrs / Ms / Miss, Other ) | | |
| Institution / Company | |  | Position/Job Title | |  |
| Address ................................................................................  .....................................................Post Code........................ | | | Telephone/Mobile | |  |
| E-mail |  | |

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| **Referee 2** | | | | | |
| Full Name |  | | Title (Mr / Mrs / Ms / Miss, Other ) | | |
| Institution / Company | |  | Position/Job Title | |  |
| Address ................................................................................  .....................................................Post Code........................ | | | Telephone/Mobile | |  |
| E-mail |  | |

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions of the College (see www.iconcollege.ac.uk) and agree to abide by them during my entire course of study. I agree to ICON College of Technology and Management processing personal data submitted in this application form, or any other data that the College may obtain from me, for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 2018). I authorise ICON College to issue my course result to my sponsor if my sponsor so requests. The application form and copies of all supporting documents will be retained by ICON College in case of an unsuccessful application for admission.

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| **Applicant’s Signature:** |  | **Date of Application:** |

Note: All decisions by the College are taken ingood faith on the basis of the statements made on your application form. If the College discovers that you have made a false statement or have omitted significant information on your application form, for example inexamination results, it may withdraw or amend its offer, or terminate your registration, according to the circumstances. You have the right to appeal or make a complaint if your application has been rejected (see admissions and enrolment policies on the College website). The information given on this application form will be electronically stored and used for administrative purposes by the College in accordance with the provisions of the Data Protection Act 20I 8.

**FOR OFFICE USE ONLY**

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| --- | --- | --- | --- | --- | --- | --- |
| Application Received Date | |  | Student's ID Number | | |  |
| Course Approved For | |  | | | | |
| Session | |  | Year | | |  |
| Offer Decision | | Unconditional □ Conditional □ Rejection □ | | | | |
| (If conditional or rejection please specify the condition or reason for rejection) | | | | | | |
| Staffs Signature |  | | | Date |  | |
| Name |  | | | Position |  | |

Please send the completed and signed application form along with registration fee (if applicable) to

**The Admissions Office, ICON College of Technology and Management Unit 21, 1-13 Adler Street, London E1 1EG**

**Tel: +44 (0) 207 377 2800 Fax: +44 (0) 207 377 0822**

**E-mail:** [**info@iconcollege.ac.uk**](mailto:info@iconcollege.ac.uk) **Web:** [**www.iconcollege.ac.uk**](http://www.iconcollege.ac.uk/)

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