

INTERNATIONAL STUDENT APPLICATION FORM



APPLICANT
PHOTOGRAPHY

Student Reference No:
(for office use only)

Please complete ALL pages of the form in **CAPITAL LETTERS** and in **BLACK** ink. .

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Other) Male Female

Surname: First name:

Date of birth:

Home address:

Post code: Email address:

Home telephone: Mobile:

Emergency contact name or Parent/Guardian if under 18:

Emergency Contact No:

Name of last school or college attended:

NATIONALITY

PASSPORT NUMBER:

LEARNING DIFFICULTY

Do you think you have a learning difficulty? Yes: No: If Yes please tick a box below which applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Moderate learning difficulty (01) | <input type="checkbox"/> Other specific learning difficulty (19) |
| <input type="checkbox"/> Severe learning difficulty (02) | <input type="checkbox"/> Autism spectrum disorder (20) |
| <input type="checkbox"/> Dyslexia (10) | <input type="checkbox"/> Multiple learning difficulties (90) |
| <input type="checkbox"/> Dyscalculia (11) | <input type="checkbox"/> Other: |

DISABILITY

Do you have a disability or medical condition? Yes: No: If Yes please tick a box below which applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Visual impairment (01) | <input type="checkbox"/> Mental health difficulty (07) |
| <input type="checkbox"/> Hearing impairment (02) | <input type="checkbox"/> Temporary disability after illness or accident (08) |
| <input type="checkbox"/> Disability affecting mobility (03) | <input type="checkbox"/> Profound complex disabilities (09) |
| <input type="checkbox"/> Other physical disability (04) | <input type="checkbox"/> Aspergers syndrome (10) |
| <input type="checkbox"/> Other medical condition (i.e. epilepsy, asthma, diabetes) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Emotional/behavioural difficulties (06) | <input type="checkbox"/> Other (97): |

COURSE CHOICE

COURSE CODE

COURSE TITLE

| | |
|--|--|
| | |
|--|--|

Please Note

Tier 4 Student visa nationals applying from inside or outside of the United Kingdom are only eligible to apply for our full time English Language program, full-time courses at National Qualification Framework level 3 or full-time Bachelor degrees.

PREVIOUS QUALIFICATIONS

| Qualification Title | Subject | Grade | Date of completion |
|---------------------|---------|-------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

You must attach copies of transcripts/mark sheets and completion certificates for all qualifications listed above

WORK EXPERIENCE

| Job Title | Name and Address of Employer | Start Date | Leaving Date | Reason for Leaving |
|-------------------------------|------------------------------|------------|--------------|--------------------|
| | | | | |
| Brief description of Job Role | | | | |
| | | | | |

REFERENCES**ACADEMIC REFERENCE (mandatory)****EMPLOYER REFERENCE (optional)**

| | |
|-----------|-----------|
| NAME | NAME |
| ADDRESS | ADDRESS |
| EMAIL | EMAIL |
| TELEPHONE | TELEPHONE |

We will contact the person/s above to request a reference on your behalf. Your application will not progress unless a reference is provided.

PERSONAL STATEMENT

Must be hand written and a minimum of 300 words, the statement should give details of any relevant experience, reasons for applying and career plans for the future.

WHERE DID YOU HEAR ABOUT COLCHESTER INSTITUTE? (please tick one)

| | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| AGENT | <input type="checkbox"/> | HOTCOURSES WEBSITE | <input type="checkbox"/> |
| ENGLISH IN BRITAIN WEBSITE | <input type="checkbox"/> | COLLEGES IN BRITAIN WEBSITE | <input type="checkbox"/> |
| EDUCATION UK / BRITISH COUNCIL | <input type="checkbox"/> | UNIVERSITY OF ESSEX | <input type="checkbox"/> |
| COLCHESTER INSTITUTE WEBSITE | <input type="checkbox"/> | FRIEND / FAMILY | <input type="checkbox"/> |
| UCAS | <input type="checkbox"/> | OTHER (please give details) | <input type="checkbox"/> |

CRIMINAL CONVICTIONS

Do you have a Criminal Conviction? Yes No If "Yes" you will be asked to complete a Self Declaration form.

This information is only required to assist us to fulfil our responsibilities to assess any potential risk to the large number of young students in the College and will be treated in confidence.

STUDENT DECLARATION

The information given on this application form is correct to the best of my knowledge. I agree to Colchester Institute processing personal and sensitive data collected on this form, or other data obtained from me, or other relevant people during the application process. I agree to the processing of such data for any purposes connected with my application and studies, or my health and safety while on the premises or for any other legitimate reason. I understand that Colchester Institute may share information with The Information, Advice and Guidance Service or my school or employer, if required. I authorise Colchester Institute to obtain academic or employer references if applicable. Also, I understand that, on occasions, photographs or video images may be taken of me for promotional/learning activities and I agree to notify a member of staff at the time if I do not wish my image to be kept and used.

APPLICANT SIGNATURE

DATE

CHECK LIST FOR DOCUMENTS THAT MUST BE SUBMITTED

With your completed application you must submit the following documents, please tick to confirm the documents are enclosed

| | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| COMPLETED APPLICATION FORM | <input type="checkbox"/> | COPIES OF QUALIFICATION TRANSCRIPT | <input type="checkbox"/> |
| COPIES OF QUALIFICATION CERTIFICATES | <input type="checkbox"/> | COPY OF SECURE ENGLISH LANGUAGE TEST CERTIFICATE | <input type="checkbox"/> |
| COPY OF PASSPORT PHOTO PAGE | <input type="checkbox"/> | COPY OF IMMIGRATION VISA / BRP CARD | <input type="checkbox"/> |

SEND COMPLETED FORM AND DOCUMENTS TO:

INTERNATIONAL OFFICE
COLCHESTER INSTITUTE
SHEEPEN ROAD
COLCHESTER
ESSEX CO3 3LL
UNITED KINGDOM

OR

EMAIL: international@colchester.ac.uk