

For office use only		

# **Application for Postgraduate and/or Professional Taught Programmes**

(not to be used for research programmes) Please complete in black ink using block capital.

(not to be used for research programmes) riease complete in black link using block capitals				
1 Programme title(s) Please list in order of preference				
i				
Would you like to study full-time 🖵 or part-time 🖵 or distance le (where availa				
2 Applicant details				
Surname/Family name	Dr/Mr/Mrs/Miss/Ms			
First/Given name	Male 🖵			
Previous surname, if changed	Female $\Box$			
Age on 31 August in year of entry: years months	Date of birth: day month year			
Correspondence address (we will send all correspondence here, so it is important that you let us know of any change of address)  Postcode Telephone Mobile phone Fax E-mail	Home address (if different)  Postcode Telephone Fax E-mail			
2 Blind or partially sighted 8 Two or more	alth difficulties ability (eg diabetes, epilepsy or heart condition) re of the above <i>(please specify)</i> pecial need or medical condition that is not listed			

# **Tuition fee status** 3 Country of birth Nationality Country of domicile or area of permanent residence If you were born outside the European Union please give: Date of first entry to the EU day\_\_\_ \_\_ month \_\_\_ year\_\_ \_\_ Date on which you were granted permanent residence in the EU day \_\_\_ \_ month \_\_\_ year\_\_\_ \_\_ Payment of tuition fees Who will pay your fees if you are offered a place? Please tick Name and address of sponsor appropriate box Yourself Your employer Your parent or guardian Other sponsor (please state) Postcode Telephone E-mail Fax Please give details of any scholarships or grants you have: already obtained applied for 4 **Education details** Please give name and address of school / college / university attended, including From То Full-time / part-time city and country, in chronological order since the age of 16

# 5 Qualifications completed and pending continue on separate sheet if necessary

Examining/awarding bod	y Subject/Unit/Module	Level (eg A-level, HND)	Date	Results (grades or bands) Indicate if waiting for result		
			1			
Please enclose a copy of yo	and lift and the sec					
Additional skills / q						
Please describe any profit familiar.	ciency in using computers, stating any વા	ualifications you may ho	old or computer pa	ckages with which you are		
What language skills do	you have? Please state language and lev	rel of proficiency: basic,	intermediate, or flo	uent.		
If English is not your first slip with your application	language, please tell us about any Englis	sh language qualificatio	ons you hold and er	iclose a copy of your result		
IELTS score	TOEFL score					
Any other Engli	sh language qualification score					
Date obtained [	Date obtained					
If you do not already have an English language qualification, please indicate which test you will take and the date on which you will be examined						
If you have already taken the Graduate Management Admissions Test, please enter your score below and enclose a copy of your result slip with your application:						
Verbal	Quantitative		Total			
If you have plans to take	this, please advise us of:					
Centre			Date			

# 6 Employment details (most recent first)

Dates	Organisation and department	Job title and responsibilities
Current employer's add	ress (if applicable)	
	Telephone E-mail	
Name of Contact		

## 7 Additional information

Please write here any information which you would like considered in support of your application. For example, what do you hope to achieve by taking the programme, what effect might it have on your job aspirations, what work experience and skills have you acquired which are related to your programme of study? Continue on a separate sheet if necessary.					
, <del></del>					
Do you have any criminal convictions, excluding a motoring offence for which a fine and/or a maximum three penalty points were imposed or a spent conviction? If you are applying for programmes in the Faculties of Education or Health and Social Care, you must declare spent convictions as defined by the Rehabilitation of Offenders Act 1974. Please tick either the 'yes' or 'no' box. If you tick the 'yes' box, you will be asked to provide further details.					
Yes 🗖 No 📮					

#### 8 **Referees**

Please give names and addresses of two referees. At least one referee should be able to comment on your academic/professional ability.
Please complete your personal details on the reference sheets and pass them to your referees for completion. The references should be
returned direct to Admissions and International Recruitment.

Name Occupa Address			Name Occu Addre	pation		
Postcod		lephone				hone ————
Fax —	E-	mail ————	Fax -		E-ma	il —————
9 De	eclaration					
If the Ui any info	niversity of the West of ormation requested in t red necessary to establ	given on this form is true, complete f England has reason to believe that I he instruction or application form or ish the authenticity of my application cancel my application and I shall hav	l or any oth made any n. I accept	ner person have given t misrepresentation, the that if I do not fully co	e Univ omply	ersity will take whatever steps
	Signature			Date		
Please complete your personal details on the two reference sheets, and pass them to your referees for completion.  Then return the application form, copies of transcripts/certificates and copies of academic papers, as appropriate, to:  Admissions and International Recruitment, University of the West of England  Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY, UK  Telephone +44 (0)117 32 83333 Fax +44 (0)117 32 82810  Minicom +44 (0)117 32 82233 E-mail admissions@uwe.ac.uk						
10 H	ow did you learn	about UWE?				
_ _ _	Careers advice Employer	☐ Friend ☐ Advertisement		rd of mouth ish Council		UWE website Studylink CD-ROM
11 Ha	ave you previous	ly studied at UWE?				
	Yes Yes give your:  WE Student Registration			_ Alumni numbe	er	

#### The Data Protection Act 1998

The information which you give on your application form will be used for the following purposes only:

• To enable your application for entry to be considered.

- To enable the university to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which would identify you as a person will be published.
- To enable the university to initiate your student record.



## **Reference Sheet**

Programme title:
Applicant's full name:
Address:
Date of birth:

#### Notes for the guidance of referees

The referee's report is an integral and important part of the selection process, and the information you give will help to guide admissions tutors in making their decisions.

In order that the University can evaluate the applicant's academic and intellectual capacity your reference should if possible cover:

- 1. Suitability for the programmes(s) applied for
- 2. Intellectual qualities including
  - a) development to date and previous examination performance with special reference to any factors which may, in your opinion, have adversely influenced the result
  - b) present performance
  - c) potential, including an assessment of the probable results of any pending examinations
- 3. Personal qualities
- 4. Career aspirations
- 5. Health and other personal circumstances relevant to the application
- 6. Athletic, social and other interests

Please ensure that the form is completed clearly in black ink.

Where applicants do not have any recent educational experience, referees may wish to confine their comments to matters listed under 1, 2c, 3, 4, 5 and 6 above.

Please fill in personal details, and send to your referee(s). Completed references should be returned to:

Admissions and International Recruitment, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, UK. E-mail Admissions@uwe.ac.uk Fax +44 (0)117 32 82810

## **CONFIDENTIAL STATEMENT BY REFEREE**

Name of referee:	
Post/occupation/relationship:	
Address:	
Telephone:	Fax:
Please use this side of the form only, within the frame. Please at	ffix official stamp, where appropriate, at the end of the statement.
Name of applicant (block capitals or type)	
	Signed:
	Date:



**Planning Statistics** 

# **Equal Opportunities Monitoring Form**

We use this information to monitor applications and equal opportunities. It will not be taken into account in the admissions process.

Occupational background:						
Occupational background.						
Please give the occupation of your parent, step-parent or guard give the most recent occupation.		he or s	she is retired or unemployed	ł		
Alternatively, if you are aged 30 or over please give your own or	ccupation					
Ethnic origin:						
9						
Complete this section only if you have shown on the form that						
Please choose from the ethnic origin categories printed here the in the boxes below.	e one which you feel describ	oes yo	ur ethnic origin and write it:	s code		
	White British Irish White Scottish Irish Traveller Other white background  Black or Black British Caribbean African Other black background	11 12 13 14 19	Asian or Asian British Indian Pakistani Bangladeshi Chinese Other Asian background  Mixed White and Black Caribbean White and Black African White and Asian Other mixed background  Other ethnic background	31 32 33 34 39 41 42 43 49		
Programme(s) applied for:						
N. C. d. D.						
Name (optional):						

### Please return completed form to:

Admissions and International Recruitment, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, UK.