

Application Form



Before completing this application form, you are advised to read the school Rules and Regulations stated on our website www.innovativeskills.info. Please complete the form in **BLOCK CAPITALS**.

Completed Application Forms should be returned to the Registrar at the above address. Please attach PHOTOCOPIES (not originals) of school/college/university certificates as proof of qualifications already attained

Attach photographs here

PLEASE INDICATE WHERE YOU ARE APPLYING FROM UK Overseas

1. PERSONAL DETAILS * Please ensure that name on this form matches the name on your passport

Title _____ (Mr/Miss/Dr/Mrs/Ms) Surname: _____

First Name: _____ Date of Birth: _____

Nationality: _____ Passport No: _____

Address in UK (if applicable)

Overseas Address (if applicable)

Post Code: _____
Telephone: _____
Dialling /Area Code: _____
Email: _____

Post Code: _____
Telephone: _____
Dialling /Area Code: _____
Email: _____

2. NATIONALITY/DOMICILE AND VISA STATUS

Country of domicile/ area of permanent residence: _____ Country of Birth: _____

Nationality: _____ Do you require a Visa to study in the UK? No (if No, go to section3) Yes

Have you ever been refused entry into the UK? No Yes _____ (state date and reason)

Are you currently in the UK? No Yes _____ (state category of Visa granted)

Date Visa Granted _____ Visa Expiry Date: _____

Have been in full-time education for the past year Yes No

If you have any current or pending applications with the Home Office please state application type and submission date

3. DISABILITY/SPECIAL NEED

if you have a disability, please ensure that we know what you need so that we can make all reasonable adjustments to help you succeed.

Do you have a disability? Yes No

Please provide full details of any physical or sensory disability which might in some way affect your studies with us or if may require special facilities or support (use separate sheet if necessary).

4. DETAILS OF THE COURSE TO WHICH YOU WISH TO APPLY

Please tick the month and state the year in which you wish to start. **(Please check prospectus/website for start dates.)**

Preferred Choice Jan' _____ Feb' _____ Apr' _____ Jul' _____ Sep' _____
 2nd Choice Jan' _____ Feb' _____ Apr' _____ Jul' _____ Sep' _____

Course Title (and pathway if applicable)	Award/Level (e.g. Cert, Dip, Adv Dip etc)	Study Mode			Entry Stage if applicable
		Full-time	Part-time (Day)	Part-time (Eve)	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. CURRENT COURSE(S) IF ATTENDING

Course Name & Level	Providers name, Examining board & Country	Start –Expected End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. ACADEMIC AND PROFESSIONAL EXAMINATIONS/QUALIFICATIONS ACHIEVED

List your results of in a chronological order starting from most recent qualification achieved. Please attach transcripts of all results and if you are awaiting recent exam results state "PENDING" or incase of subject/module retakes state accordingly. Continue on separate page if required.

Date of award MM YY	Level and Subject	Providers name, Examining board & Country	Grade/Classification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6a. If you are a not an English native speaker, please give details of your highest English Language qualification (e.g. IELTS, TOEFL)

Date of award MM YY	Level	Unit if applicable	Providers name, Examining board & Country	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6b. Secondary Education, GCE A/AS level and or undergraduate course if applicable.

Date of award MM YY	Level and Subject	Providers name, Examining board & Country	Grade/Classification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. WORK EXPERIENCE

Give details of your most recent work experience, training, and employment. Continue on separate sheet if necessary.

Job Title, Nature of work/training	Name of Organisation & Contact Person	Full-time or Part-time	Start – End Date MM.YY-MM.YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are currently a member of any professional bodies please provide details:

Date of joining	Name of Professional Body	Any letters after your name
_____	_____	_____
_____	_____	_____
_____	_____	_____

.8. WHERE DID YOU HEAR ABOUT IS?

- Prospectus British Council Our Website Search Engine _____
- Education Fair _____ (Place/Date) Professional Body _____
- Advert which publication: _____ Agent Agent's name: _____
- Recommendation State name and contact number: _____

