

Application Form

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.

Please read the accompanying Notes for Guidance before completing this form

OFFICE USE ONLY Student ID

Have you been a student at this institution before? Yes No

1. Personal details

Title
Mrs/Mr/Ms/Miss/Dr

Surname/Family Name
(BLOCK CAPITALS)

Forename (s)

Previous surname, if changed

Sex M F

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age on 31 December in year of entry Years Months

2. Fee status Home / EU Overseas

Country of permanent residence

Nationality

Applicants not born in the European Union, please state:

Date of first entry to live in the UK

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Ethnicity

Please tick the box which most closely describes your ethnic origin.

White		Asian or Asian British	
British <input type="checkbox"/>	(11)	Indian <input type="checkbox"/>	(31)
Irish <input type="checkbox"/>	(12)	Pakistani <input type="checkbox"/>	(32)
Other white background <input type="checkbox"/>	(19)	Bangladeshi <input type="checkbox"/>	(33)
		Chinese <input type="checkbox"/>	(34)
		Other Asian background <input type="checkbox"/>	(39)

Black or Black British		Mixed	
Caribbean <input type="checkbox"/>	(21)	White & Black Caribbean <input type="checkbox"/>	(41)
African <input type="checkbox"/>	(22)	White & Black African <input type="checkbox"/>	(42)
Other black background <input type="checkbox"/>	(29)	White & Asian <input type="checkbox"/>	(43)
		Other mixed background <input type="checkbox"/>	(49)

Information refused (98) Other ethnic background (80)

4. Source (Please tell us how you heard about Bucks)

Payment of fees
Who is expected to pay your fees? (eg Research Council, LEA, yourself, family member, employer, other)

5. Disability

Dyslexia <input type="checkbox"/>	(01)	Personal support needed <input type="checkbox"/>	(05)
Blind / partially sighted <input type="checkbox"/>	(02)	Mental health difficulties <input type="checkbox"/>	(06)
Deaf / hearing impairment <input type="checkbox"/>	(03)	Unseen disability (eg. asthma) <input type="checkbox"/>	(07)
Wheelchair user / mobility difficulties <input type="checkbox"/>	(04)	Multiple disabilities <input type="checkbox"/>	(08)
Disability not listed above <input type="checkbox"/>	(09)		

Please specify

6. Correspondence address

Postcode

Tel No (incl STD code)

Evening (if different)

Student Contact No./Mobile

Email

Permanent Home address (if different)

Postcode

Tel No (incl STD code)

Evening (if different)

Student Contact No./Mobile

Email

7. Details of course (s) to which you wish to apply

Course Name

Year of Entry eg. 2008

Point of Entry Year eg. 1, 2, 3

Mode of Study (Please tick the one you require)

Full-time <input type="checkbox"/>	Sandwich <input type="checkbox"/>
Part-time <input type="checkbox"/>	Distance Learning <input type="checkbox"/>

8. Have you spent time in Care? (Full-time undergraduate only)

Yes No

If yes, duration spent in Care

9. Declaration:

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

I agree to Buckinghamshire New University processing personal data contained in this form in accordance with the Data Protection Act 1998.

Applicant's Signature:

Student ID Number:

Date:

10. Reference from current course leader:

I deem this applicant suitable to progress, based on their attendance, suitability and academic performance to date.

Name of course leader:

Signed:

Date:

Guidance Notes for Progressing Students Application

The enclosed application form should be used solely for applications for current Bucks New University students, wishing to progress onto level 6 qualifications.

General

Before completing the form, **PLEASE ENSURE THAT YOU READ THESE NOTES FOR GUIDANCE CAREFULLY.** You should also read the current institution literature relating to the course(s) for which you are applying in order to ensure that you are familiar with the curriculum and entry requirements.

The Data Protection Act, 1998

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

- For statutory reporting purposes.
- To enable your application for entry to be considered.
- To enable the institution to complete statistics.
- To enable the Institution to initiate your student record.

Front of form:

Please complete all sections, including your Student ID number, ensuring that you write in BLOCK CAPITALS.

All sections on the front of the form need to be completed, in order for us to ensure that the information we have on file is accurate and up to date.

Back of form:

9. Declaration

Any offer of a place you may receive is made on the understanding that in accepting it, you agree to abide by the rules and regulations of the Institution. In signing this form, you are confirming your agreement to this and confirming the information you have supplied is correct.

10. Reference from current course leader

It is your responsibility to take the completed form to your current course leader, for them to sign and date the form to verify that you are eligible to be considered for a Level programme.

Return the completed form to:

Admissions Department,
Owen Harris – Floor 3,
Bucks New University,
Queen Alexandra Road,
High Wycombe, Bucks,
HP11 2JZ