

## 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**

<b>OFFICE USE ONLY</b>	Student ID
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Have you been a student at this institution before?    Yes     No

<b>1. Personal details</b>		Title	
Mrs/Mr/Ms/Miss/Dr			
<b>Surname/Family Name</b> (BLOCK CAPITALS)			
<b>Forename (s)</b>			
<b>Previous surname, if changed</b>			
<b>Sex M/F</b>	Date of birth	Day	Year
		Months	Year
Age on 31 December in year of entry	Years	Months	
<b>2. Fee status</b>			
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
<b>3. Ethnicity</b> Please tick the box which most closely describes your ethnic origin.			
<b>White</b>		<b>Asian or Asian British</b>	
British <input type="checkbox"/> (11)	Irish <input type="checkbox"/> (12)	Indian <input type="checkbox"/> (31)	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)	
<b>Black or Black British</b>		<b>Mixed</b>	
Caribbean <input type="checkbox"/> (21)	African <input type="checkbox"/> (22)	White & Black Caribbean <input type="checkbox"/> (41)	White & Black African <input type="checkbox"/> (42)
Other black background <input type="checkbox"/> (29)	Information refused <input type="checkbox"/> (98)	White & Asian <input type="checkbox"/> (43)	Other mixed background <input type="checkbox"/> (49)
		Other ethnic background <input type="checkbox"/> (80)	
<b>4. Source</b> (Please tell us how you heard about BUCKS)			
<b>Payment of fees</b> Who is expected to pay your fees? (eg Research Council, LEA, yourself, family member, employer, other)			

<b>5. Disability</b>	
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	
<b>6. Correspondence address</b>	
Postcode	
Tel No (incl STD code)	
Evening (if different)	
Student Contact No./Mobile	
Email	
<b>Permanent Home address (if different)</b>	
Postcode	
Tel No (incl STD code)	
Evening (if different)	
Student Contact No./Mobile	
Email	
<b>7. Details of course (s) to which you wish to apply</b>	
Course Name	
Year of Entry e.g. 2003	
Year e.g. 1, 2, 3	
<b>Mode of Study</b> (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"/>



**12. Further information supporting your application** continue on a separate sheet if necessary.

**Full time applicants only**

**13. Criminal Convictions** – Do you have any criminal convictions? Tick as appropriate  
(Please consult Notes for Guidance before completing this section)

Yes

No

**14. Name and address of Referee(s)**

1. Name	2. Name
Address	Address
Tel Number	Tel Number
Email	Email

**15. Declaration:**

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says, and I agree to abide by the conditions set out there, which I accept as conditions of this application.

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

Applicant's Signature

Date:

REMEMBER TO KEEP A PHOTOCOPY OF THIS APPLICATION FOR YOUR REFERENCE

**Confidential statement by Referee**

Name of Referee \_\_\_\_\_

Post/occupation/relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone number  
(including STD)

Fax No.  
(including STD)

Email

This form may be photocopied; please type or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.

**Name of applicant** (block capitals or type)

Signed

Date \_\_\_\_\_