

# Study Days Application 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	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)		White & Asian <input type="checkbox"/> (43)	Other mixed background <input type="checkbox"/> (49)
Information refused <input type="checkbox"/> (98)		Other ethnic background <input type="checkbox"/> (80)	
<b>4. Source</b> (Please tell us how you heard about Bucks)			
<b>Payment of fees</b>			
Which Trust/PCT?			

<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. Work address</b>	
Postcode	
<b>Job Title</b>	
Tel No (incl STD code)	
Email	
<b>Permanent Home address</b>	
Postcode	
Tel No (incl STD code)	
Student Contact No./Mobile	
Email	
<b>7. Details of Study Day to which you wish to book a place</b>	
<b>Study Day</b>	
<b>Study Day Date</b>	
<b>Please return application form to:</b>	
<b>Andrea McDonald</b>	
<b>Buckinghamshire New University</b>	
<b>106 Oxford Road</b>	
<b>Uxbridge</b>	
<b>Middlesex, UB8 1NA</b>	

**For Contract places this form need to be stamped or authorised by the training manager**