

# Application Form

Solely for use 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. Please complete this page in block capitals.

<b>1. Personal Details</b>	Title: Mr/Ms/Miss/Mrs etc.
Surname/Family Name (BLOCK CAPITALS)	
First name(s)	
Previous surname, if any	
Correspondence address	
Postcode	
Telephone No (inc dialling code) Daytime	
Evening	
Mobile No	
Email Address	
Fax No	
Home address (if different to correspondence address)	
Postcode	
Telephone No (inc dialling code) Daytime	
Evening	
Mobile No	
Email Address	
Fax No	

Gender: Male (M) <input type="checkbox"/>	Date of birth	Day	Month	Year
Female (F) <input type="checkbox"/>				
Your age on 31st December in year of entry		Years		Months

<b>2. Fee Status</b>			
Country of Birth			
Nationality			
Country of domicile or area of permanent residence			
Applicants not born in the European Union please state:			
Date of first entry to the EU	Day	Month	Year
Date of most recent entry into the EU			
Date from which you have been granted permanent residence in the EU			
Payment of fees			
Who is expected to pay your fees?			
<input type="checkbox"/> Research Council			
<input type="checkbox"/> Student Loan Company			
<input type="checkbox"/> Yourself			
<input type="checkbox"/> Family Member			
<input type="checkbox"/> Employer			
<input type="checkbox"/> NHS			
<input type="checkbox"/> Other			

<b>3. Details of course(s) to which you wish to apply</b>		
Month and year in which you wish to start		
Course Title	Mode of study: please state full-time/sandwich/part-time/other. Please specify	Stage/year of entry





<b>9. Name and address of referee(s)</b> Please consult 'Notes for Guidance' and course literature before completing this section.			
<b>1</b>		<b>2</b>	
Position/relationship		Position/relationship	
Tel No	Fax No	Tel No	Fax No
E-mail address		E-mail address	

**10. Declaration**

I can 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 they say and I agree to abide by the conditions set out there, which I accept as conditions of this application.

I am aware that the University will create and maintain computer and paper records on me, both during my course and after I leave the University; these records will be processed in compliance with the Data Protection Act 1998, further details of which are available on the University website

[www.hud.ac.uk/informationgovernance/dataprotection](http://www.hud.ac.uk/informationgovernance/dataprotection).

By submitting this application, I consent to the processing of such data for any purposes connected with my studies or my health and safety. I understand that information in the records may be used for reports both internally within the University and externally to my employer and to Health Education – Yorkshire and the Humber, as well as for references to employers and other organisations. I acknowledge and agree that specific information relating to my acceptance, progress, attendance or achievement may be disclosed to my employer and expressly consent to such disclosure. Finally I am aware that more information will be provided to me on this matter following enrolment.

Applicant's signature		Date
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**Please complete and return with application form**

This information will be kept separately from your application and be held purely for statistical use in connection with monitoring  
(Please check or complete the boxes as appropriate)

**Equal Opportunities**

**Ethnicity**

- |   |   |
|---|---|
| <input type="checkbox"/> White - English                    | <input type="checkbox"/> Asian or Asian British - Indian      |
| <input type="checkbox"/> White - Welsh                      | <input type="checkbox"/> Asian or Asian British – Pakistani   |
| <input type="checkbox"/> White - Irish                      | <input type="checkbox"/> Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> White - Scottish                   | <input type="checkbox"/> Chinese                              |
| <input type="checkbox"/> Irish Traveller                    | <input type="checkbox"/> Other Asian Background               |
| <input type="checkbox"/> Other White Background             | <input type="checkbox"/> Mixed - White and Black Caribbean    |
| <input type="checkbox"/> Other Ethnic Background            | <input type="checkbox"/> Mixed - White and Black African      |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed - White and Asian              |
| <input type="checkbox"/> Black or Black British – African   | <input type="checkbox"/> Other Mixed Background               |
| <input type="checkbox"/> Other Black Background             | <input type="checkbox"/> Information refused                  |

**Disability/Special needs**

- |  |   |
|--|---|
| <input type="checkbox"/> No known disability               | <input type="checkbox"/> A disability not listed – please state:  |
| <input type="checkbox"/> Deaf/hearing impaired             | _____   |
| <input type="checkbox"/> Mental health difficulties        | _____   |
| <input type="checkbox"/> Multiple disabilities             | _____   |
| <input type="checkbox"/> Blind/partially sighted           | Please state any physical or other disability or medical condition which<br>may require special arrangements. |
| <input type="checkbox"/> Personal care support             | _____   |
| <input type="checkbox"/> Unseen disability eg diabetes     | _____   |
| <input type="checkbox"/> Dyslexia                          | _____   |
| <input type="checkbox"/> Autistic spectrum disorder        | _____   |
| <input type="checkbox"/> Wheelchair user/mobility problems | _____   |

Please indicate how you heard of these courses:

- |  |  |
|--|--|
| <input type="checkbox"/> University prospectus | <input type="checkbox"/> Careers Adviser/event |
| <input type="checkbox"/> University website    | <input type="checkbox"/> Radio/TV              |
| <input type="checkbox"/> University Open Day   | <input type="checkbox"/> Family/friend         |
| <input type="checkbox"/> Newspaper             | <input type="checkbox"/> Other _____           |

**Declaration:**

For the purposes of current data protection legislation, I agree that the information may be recorded and processed by the University of Huddersfield in order to produce statistics to support the monitoring of its Equal Opportunities and Diversity Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (BLOCK CAPITALS) \_\_\_\_\_

Many thanks for your co-operation in providing this information