

SITS Applicant No.:		SITS AoS Code:	
Decision:	Interview		Date:
	Reject		Conditions of Offer:
	Offer		
Signed: (Admissions Tutor/Course Director)			

## Application Form

Please complete in **BLOCK CAPITAL**

**Please return to:**

Birmingham City University, International Office,  
University House Level 2, 15 Bartholomew Row, Birmingham, B5 5JU.

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

### 1. Course Details

Course Title: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Full-time  Part-time

Proposed Year/Level of Entry: Year 1  Year 2  Year 3

### 2. Personal Details

Title: Mr/Ms/Miss/Mrs etc: \_\_\_\_\_ Gender: Male  Female  Date of Birth: 

DAY	MONTH	YEAR

First Name(s): \_\_\_\_\_

Maiden or any other name(s) that you have been known by: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Correspondence Address: (if different) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: (if different) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Nationality: \_\_\_\_\_

If not born in the UK please state date of arrival to UK: \_\_\_\_\_ Area of permanent residence: \_\_\_\_\_

If you are a member of a Professional Body, please give its Name and your Registration Number: \_\_\_\_\_

Have you ever studied in the UK before? (If yes, please include a copy of all visas) YES  NO

What level was your previous study in the UK (please tick all that applies)? Foundation  Degree  Masters

Have you ever studied at Birmingham City University before? YES  NO

If you are applying through a partner institution, please state the name and country \_\_\_\_\_

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course. (please tick)

A	No disability.	
B	You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.	
C	You are blind or have a serious visual impairment uncorrected by glasses.	
D	You are deaf or have a serious hearing impairment.	
E	You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.	
F	You have a mental health condition, such as depression, schizophrenia or anxiety disorder.	
G	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.	
H	You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.	
I	You have a disability, impairment or medical condition that is not listed above.	
J	You have two or more impairments and/or disabling medical conditions.	

Have you ever been in Care? YES  NO  Do not want to disclose





## Equal Opportunities Monitoring

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**THIS INFORMATION WILL NOT BE GIVEN TO ADMISSIONS TUTORS INVOLVED  
IN MAKING DECISIONS ABOUT YOUR ELIGIBILITY FOR THE COURSE.**

As part of its equal opportunities policy, Birmingham City University monitors applications by gender, ethnic origin and disability. Provision of information on ethnic origin is voluntary but we hope you will agree to provide it to assist us to monitor our equal opportunities policy.

Please tick the appropriate box.

10	White	
21	Black or Black British - Caribbean	
22	Black or Black British - African	
29	Other Black background	
31	Asian or Asian British - Indian	
32	Asian or Asian British - Pakistani	
33	Asian or Asian British - Bangladeshi	
34	Chinese	
39	Other Asian background	
41	Mixed - White and Black Caribbean	
42	Mixed - White and Black African	
43	Mixed - White and Asian	
49	Other Mixed background	
80	Other Ethnic background	
98	Do not wish to provide information	



# Report on Applicant

Referees should note that the contents of this report may be shown to the applicant on request.

## To the Candidate:

Please fill in your name and course details below, detach and forward this part of the form to your referee for completion.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Course Applied For: \_\_\_\_\_

## To the Referee:

I am applying for admission to the above course at Birmingham City University. The university would appreciate your personal impressions of my intellectual ability and professional skills.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential.  
(Please use a separate sheet if you prefer).

Signed: (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's suitability for the course with particular reference to his/her strengths.

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