



APPLICATION FORM

Photograph

Please complete this form in BLOCK letters using black ink.

(You must complete all sections for the application to be accepted)

Section A Personal Details			
First Name			Title (Mr / Mrs / Ms / Miss, Other)
Surname		Other Names	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Place of Birth		Nationality	
Passport No.		PP Expiry Date	
UK Entry Date		Visa Expiry Date	
Visa Type (Where Applicable) ILR <input type="checkbox"/> Other _____			

Contact Details			
Current Address		Overseas (Home) Address	
.....		
.....Post Code.....	Post Code.....	
Telephone		Mobile	
E-mail		Fax	

Emergency Contact Details (Please tell us who you would like the college to contact in case of emergency)			
Name			Title (Mr / Mrs / Ms / Miss, Other
Relation			
Address		Mobile	
.....		E-mail	
.....Post Code.....			

Course Details				
Course Name				
Awarding Body		Course Level		
Course Start Date		Course End Date		
Method of study	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Day <input type="checkbox"/>	Evenings & Weekend <input type="checkbox"/>

Section B Qualifications (already obtained or expected)				
Qualification	Institution	Start Date	End Date	Grade

Please forward a transcript (officially translated if not in English) of your qualifications.

Work Experience			
Please indicate details of your recent appointments			
Organisation	Position Held	From	To

Section C English Language Proficiency						
Is English your first language?		Yes / No				
If English is not your first language, please state your qualifications.						
Tests	Listening	Reading	Writing	Speaking	Overall	Expiry Date
IELTS						
TOEFL						
PTE						
Other (Please Specify)						

Section D Finance			
Name and address of person or organisation responsible for paying fees (if not yourself) / SLC <input type="checkbox"/>			
Name		Title (Mr / Mrs / Ms / Miss, Other)	
Relation			
AddressPost Code.....		Mobile	
		Telephone	
E-mail		Fax	

Section E	Personal Statement
Why do you wish to do this course?	
Where did you find out about the courses of our College?	

Section F	
Equal opportunities monitoring: (please put cross in appropriate box)	
<div style="display: flex; justify-content: space-between;"> <div>White - British</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>White - Irish</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>White - other</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mixed - White/black African</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mixed - White/black Caribbean</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mixed - White/Asian</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mixed - other</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Chinese</div> <div><input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Asian/Asian British - Indian</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Asian/Asian British - Pakistani</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Asian/Asian British - Bangladeshi</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Black/Black British - Caribbean</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Black/Black British - African</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Black/Black British - other</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other ethnic group</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Please specify</div> <div><input type="checkbox"/></div> </div>

Section G	
Disabilities	
By your own assessment, please tick appropriate box	
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> No known disability</div> <div><input type="checkbox"/> Special Learning Difficulty</div> <div><input type="checkbox"/> Autistic Spectrum Disorder</div> <div><input type="checkbox"/> Blind/partially sighted</div> <div><input type="checkbox"/> Deaf/hearing impairment</div> <div><input type="checkbox"/> Dyslexia</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Wheelchair user/mobility difficulties</div> <div><input type="checkbox"/> Personal care support</div> <div><input type="checkbox"/> Mental health difficulties</div> <div><input type="checkbox"/> Unseen disability e.g. diabetes</div> <div><input type="checkbox"/> Multiple disabilities</div> <div><input type="checkbox"/> Other</div> </div>

Section H				Referees	
Referee 1					
Name			Title (Mr / Mrs / Ms / Miss, Other)		
Institution / Company			Position/Job Title		
Address			Telephone		
.....Post Code.....			E-mail		

Referee 2					
Name			Title (Mr / Mrs / Ms / Miss, Other)		
Institution / Company			Position/Job Title		
Address			Telephone		
.....Post Code.....			E-mail		

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions of the college (see www.iconcollege.com/admission) and agree to abide by them during my entire course of study. I agree to ICON College of Technology and Management processing personal data submitted in this application form, or any other data that the College may obtain from me, for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 1998). I authorise ICON College to issue my course result to my sponsor if my sponsor so requests. The application form and copies of all supporting documents will be retained by ICON College in case of an unsuccessful application for admission.

Applicant's Signature		Date of Application	
------------------------------	--	----------------------------	--

Note: All decisions by the College are taken in good faith on the basis of the statements made on your application form. If the College discovers that you have made a false statement or have omitted significant information on your application form, for example in examination results, it may withdraw or amend its offer, or terminate your registration, according to the circumstances. The information given on this application form will be electronically stored and used for administrative purposes by the College in accordance with the provisions of the Data Protection Act 1998.

FOR OFFICE USE ONLY			
Application received Date		Student Number	
Course Applied For			
Start Date		End Date	
Offer Decision	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Reject <input type="checkbox"/>
(If conditional or Rejection please specify the condition or reason for rejection)			
Staff's Name and Signature			
Date			

Please send completed application form along with registration fee (if applicable) to
The Admissions Office, ICON College of Technology and Management,
Unit 21-22, 1-13 Adler Street, London E1 1EG
Tel +44 20 7377 2800, Fax +44 20 7377 0822, E-mail info@iconcollege.com