



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(s)	Mr Rumi		
Sure Name	asdasd	Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to say
Date of Birth	2018-04-16	Any Gender Changed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to say
Place of Birth	asdasd	Nationality	Algeria
Passport/ID No.	asdasd	Passport/ID Expiry date	2018-04-09
UK entry Date	2018-04-20	Visa Expiry date	2018-04-19
Visa Type(where applicable): Student		<input type="checkbox"/> ILR	Other

Contact Details			
Current Address	asdasdasd	Permanent Address	dasdasd
Post Code	asdas	Post Code	234234
Country	Bahrain	Country	Bangladesh
Mobile	324234	Telephone	324234
Email	ada@gmail.com		

Emmergency Contact Details/Next of kin (please tell us who you would like the college to contact in case of emmergency)					
Name	Mr asdasd				
Relation	asdasd				
Address	asdasdasd			Mobile/Telephone	234234
Country	Bangladesh	Post Code	dfsfs	Email	ada@gmail.com

Course Details			
Course Name	HND in Computing		
Awarding Body	Pearson	Course Level	4
Session	session	Year	year
Mode of study	<input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time	Time of study	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Evening & Weekend
ULN no (if any):	uln	UCAS course code:	ucasCode

Section B Qualifications (Highest qualification obtained or expected)						
Qualification Name	Qualification Level	Name of Institution	Awarding Body	Subject	Year of Completion	Grade
Please forward the certificate and transcript of your qualifications(Officialy translated if not in English)						
Work Experience / Training						
Please indicate details of your recent appointments						
Organisation / Regulatory Body	Position Held		From		To	

Section C English Language Proficiency						
Is English your first language ?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If English is not your first language, please state your qualifications.						
Tests	Listening	Reading	Writing	Speaking	Overall	Expiry Date
Other (Please specify)						

Section D Personal Statement

Why do you wish to do this course ? (please attach an extra sheet if needed)

TT

Where did you find out about this courses of our college ?

xcvc

Section E Finance

Source of Finance: ☐ SLC ☐ Own Funding ☐ Sponsorship

Name and address of person or organisation of sponsorship

Name asdasd

Relation atwerwer

Address hgyty Mobile / Tel 456467467

Post code 4234234 Email sfs@r.com

Section F Equal opportunities Monitoring

(Please put cross (X) in appropriate box)

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian / Asian British - Indian |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian / Asian British - Pakistani |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Asian / Asian British - Bangladeshi |
| <input type="checkbox"/> Mixed White / Black African | <input type="checkbox"/> Black / Black British - Caribbean |
| <input type="checkbox"/> Mixed White / Black Caribbean | <input type="checkbox"/> Black / Black British - African |
| <input type="checkbox"/> Mixed White / Asian | <input type="checkbox"/> Black / Black British - Other |
| <input type="checkbox"/> Mixed - Other | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Please specify..... |

Disabilities			
<input type="checkbox"/> No known disability <input type="checkbox"/> Special learning difficulty / Dyslexia <input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Blind / Partially sighted <input type="checkbox"/> Deaf / hearing impairment <input type="checkbox"/> Two or More Impairments		<input type="checkbox"/> Wheelchair user / Mobility difficulties <input type="checkbox"/> Personal care support <input type="checkbox"/> Mental health difficulties <input type="checkbox"/> Unseen disability e.g. diabetes <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> other.....	
If disabled, are you receiving any Disability Allowances ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to say			

Religion or Belief			
<input type="checkbox"/> No religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Christian - Church of Scotland <input type="checkbox"/> Christian - Roman Catholic <input type="checkbox"/> Christian - Other denomination <input type="checkbox"/> Hindu		<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known <input type="checkbox"/> other.....	

Sexual Orientation			
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian		<input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> other.....	

Section G Referees			
Referee 1			
Name	Mr name		
Institution/Company	company	Position/Job title	job
Address	address	Telephone/Mobile	123
Post code	1216	Email	email@e.com
Referee 2			
Name	name1 Mrs		
Institution/Company	company1	Position/Job title	job1
Address	123444	Telephone/Mobile	address
Post code	email@e1	Email	111
Referee 3			

Name	Prof name3		
Institution/Company	company2	Position/Job title	title2
Address	asdaweqwewe	Telephone/Mobile	1212312123
Post code	1123123	Email	e@e.com

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum.

Applicants Signature		Date of Application	
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FOR OFFICE USE ONLY			
Application Received Date		Students ID Number	
Course Approved for			
Session		Year	
Offer Decision	<input type="checkbox"/> Unconditional <input type="checkbox"/> Conditional <input type="checkbox"/> Rejection		
(If conditional of rejection please specify the reason for rejection)			
Staff Signature		Date	
Name		Position	
<p>Please send the completed and signed application form along with registration fee (if applicable) to</p> <p>The Admission Office, ICON College of Technology and Management</p> <p>Unit 21, 1-13 Adler Street, London E1 1EG</p> <p>Tel: +44 (0) 2307 377 2800 Fax: +44 (0 207 377 0822)</p> <p>E-mail: info@iconcollege.ac.uk Web: www.iconcollege.ac.uk</p>			