



Registration Form

Registrations received without transcripts and/or student's personal details cannot be processed.
All sections must be completed. Please print in BLOCK LETTERS.

PERSONAL DETAILS

Name as it appears on official documents (Miss, Ms, Mrs, Mr)		
_____	_____	_____
Title	Given Name	Family Name
Previous Student ID (if previously issued another offer or a previous LSAF student)	If your name has changed since you were last enrolled, please print previous name.	
Email :	Home Number	Mobile number
	Facebook	Twitter
Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Country of Birth
Passport Number / Identity Card Number		Expiry Date ____/____/____

PERMANENT ADDRESS (Residential address in Home Country) No P.O. Boxes

Number and Street	
Suburb/Town/City	State
Country	Post Code/Zip Code

MAILING ADDRESS (If different from permanent address)

Number and Street	
Suburb/Town/City	State
Country	Post Code/Zip Code

MEDICAL/DISABILITY NEEDS

The information below is used to assist LSAF in monitoring, supporting and improving services to students with medical/disability requirements.
Disclosing this information will not affect your admission to the University.

Do you have a disability, impairment or long-term medical condition which may affect your studies?

☐ Y

☐ N

Please indicate the type(s) of disability

☐ Hearing

☐ Vision

☐ Learning

☐ Medical

☐ Mobility

☐ Other

If you have a disability, would you like to receive information on what LSAF can provide to support you?

☐ Y

☐ N

COURSE SELECTION AND STREAM OF STUDY

PROGRAM	<input type="checkbox"/> Triple Crown - CAT & BSC (Hons) Oxford Brookes & ACCA Professional Level <input type="checkbox"/> Double Crown - CAT & BSC (HONS) Oxford Brookes University <input type="checkbox"/> Single Crown - Diploma in Accounting and Business & Certified Accounting Technician (CAT) <input type="checkbox"/> Diploma In International Financial Reporting Standards (DipIFRS)
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*please indicate stream, otherwise applications cannot be processed. Stream (if applicable) _____

INTAKE	20__	<input type="checkbox"/> Jan	<input type="checkbox"/> April/May	<input type="checkbox"/> July	<input type="checkbox"/> September
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EDUCATIONAL QUALIFICATIONS

Are you currently studying in overseas? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, a certificate of attendance from your current institution may be required.	
Highest Academic Qualification	
School/College Attended	
Country/State	Year Enrolled _____ Year Left _____
Date Results Expected (if applicable)	
Are you seeking credit or advanced standing from previous studies? <input type="checkbox"/> Y <input type="checkbox"/> N	

ENGLISH LANGUAGE PROFICIENCY

IS English your first language? <input type="checkbox"/> Y <input type="checkbox"/> N	
If No, what is your main language spoken at home?	
As all courses are taught in English, applicants will need to meet London School of Accountancy' and Finance English language requirement. If your education qualifications were not completed wholly or predominantly in English, please indicate what test(s) you have taken, or simply indicate the test you intend taking. Note: Certified documentary evidence of result must be provided at the time of application.	
<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> SAT <input type="checkbox"/> CIE 'O' LEVEL/IGCSE	Grade or Score _____
Other (Please specify)	

SPONSOR DETAILS (Please attached sponsorship letter if available)

Will your tuition fees be paid by an organization? <input type="checkbox"/> Y <input type="checkbox"/> N
If 'YES', name of organization

EMERGENCY CONTACT DETAILS (HOME COUNTRY)

Full Name	Email Address
Relationship	Telephone (include country code)

HOW DID YOU LEARN ABOUT LSAF?

<input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> School/College <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Exhibition/Seminar <input type="checkbox"/> Agent <input type="checkbox"/> Others _____

APPLICANT'S DECLARATION AND SIGNATURE

I declare that the information I have supplied on this form and in the attached documents is true and complete. I understand that the provision of false or incomplete information may result in cancellation of any offer of enrolment or actual enrolment. I agree to make timely payments of any fees or associated costs for which I am liable. I agree that I am aware of the indicative costs of my education at London School of Accountancy and Finance (LSAF) and that I have the necessary financial capacity to meet such costs. My execution of this application form constitutes my acceptance of all the terms and rules regarding my admission and enrolment. I authorize London School of Accountancy and Finance (LSAF) to retain my tuition fees in accordance with the refund policy if I elect to cancel my enrolment at any time.	
Signature of Applicant	Date _____/_____/_____
Signature of Parent (if applicant under 18 years old of age)	Date _____/_____/_____