



ESBM APPLICATION FORM

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Return to:

Admission Officer
East Midlands School of Business & Management
5 St James Street, Leicester, LE1 3SU
United Kingdom
t: + 44 0116 253 8528 f: 44 0116 253 9408 email: info@esbm.org.uk

OFFICE USE ONLY

Student ID: _____

Received: _____

ALL SECTIONS OF THIS FORM MUST BE COMPLETED (Excepted Shaded Areas)

PERSONAL DETAILS

TITLE: MR/MRS/MISS/MS: _____

SURNAME: _____

FIRST NAME(S): _____

DOB: __/__/__

NI NO: _____

NATIONALITY: _____

ADDRESS: _____

_____ POST CODE: _____

TELEPHONE NO(s): _____ EMAIL: _____

NEXT OF KIN: _____ N.O.K TELEPHONE NO: _____

N.O.K ADDRESS: _____

_____ POST CODE: _____

If your age isles than 18 and applying as a 'Child Student', please provide name, address and telephone number of a guardian in the United Kingdom.
* Please ensure that you are eligible for the course in all respects. The administrative charges is non-refundable – for all applications even if found not eligible.

COURSE INFORMATION (PLEASE WRITE IN FULL)

	YEAR OF ENTRY	COURSE TITLE
1 st Choice		
2 nd choice		
3 rd Choice		

EDUCATION

Please list your qualifications below:

College / University / Other 3rd Level Institution Qualifications (Starting with most recent)

Name and Address of Institution	Qualification Gained	Year of Completion

Secondary / Senior / High School Qualifications

Name and Address of Institution	Qualification Gained	Year of Completion

EMPLOYMENT HISTORY

Name of Organisation	Dates		Brief Description of Duties
	Start	End	

HOW DID YOU HEAR ABOUT THE COURSE?

HIGHER EDUCATION GUIDE BRITISH COUNCIL OVERSEAS AGENT FAMILY AND FRIENDS COLLEGE OPEN DAY
COLLEGE WEBSITE
COLLEGE PROSPECTUS/LITERATURE NEWSPAPER ADVERT If other please specify.....

OTHER INFORMATION

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED/CO-HABITING SEPARATED/DIVORCED WIDOWED

COMMUNITY BACKGROUND: CATHOLIC PROTESTANT OTHER CHRISTIAN NON CHRISTIAN NO RELIGION

NOT STATED

ETHNICITY: (Please tick relevant box)

WHITE BLACK CARIBBEAN BLACK AFRICAN BLACK OTHER INDIAN PAKISTANI BANGLADESHI CHINESE

OTHER INFORMATION REFUSED/NOT KNOWN IRISH TRAVELLER MIXED OTHER

LEARNING SUPPORT

If you have any reason to believe you may require additional assistance due to a health problem or disability, please tick the box.

Students/Trainees should draw any immediate difficulties to the attention of College staff immediately on joining a class. The College shall take reasonable time to consider your special requirements and will take such steps as are reasonable in facilitating these requirements.

SPECIFIC LEARNING DISABILITY (DYSLEXIA/DYSPRAXIA/ADHD/ADD) MENTAL HEALTH DIFFICULTY BLIND OR PARTIALLY

SIGHTED UNSEEN/HIDDEN DISABILITY

DEAF OR HARD OF HEARING TWO OR MORE OF THE ABOVE

WHEELCHAIR OR MOBILITY DIFFICULTY OTHER DISABILITY, SPECIAL NEED OR MEDICAL CONDITION

If you are already in the United Kingdom, you must provide the following information:

Where have you been living for the last 3 years from the start date of your course? (Please tick all boxes that apply for the full 3 years)

DATE OF ENTRY in the UK: (if already in the United Kingdom):

NORTHERN IRELAND REST OF UK EEA/EU/SWITZERLAND REST OF WORLD* *If you ticked rest of world, please can you state what your immigration status is in the UK?

Residence Permit/Student Visa/Dependants Visa/Work Visa/Spouse Visa

British Citizen/Asylum Seeker/Refugee/Humanitarian Protection/Discretionary Leave/Right of Abode/Indefinite Leave to remain/enter

Other, please state

ACADEMIC OBJECTIVES

Attach a statement explaining your motivation/academic objectives for pursuing education in the UK, within 500 words.

You may either type the statement in MS Word format or attach a hand written copy to the application. (You may send a scanned copy – in case of on line submission).

YOUR APPLICATION WILL NOT BE CONSIDERED IF THE STATEMENT IS NOT ENCLOSED

MEDICAL FITNESS TO STUDY AND STAY IN THE UK

I am medically fit to undertake the course of study and stay in the UK. I have no known complaints/disease/medical history that may affect my health during the tenure of my stay in the UK for the purpose of the study. Please tick here.

Enclose a medical fitness certificate duly issued by a Government/Registered Medical practitioner on the official letter head).

DATA PROTECTION

I understand the information provided by me will be handled in accordance with the Data Protection Act 1998 and may appear in Examination Certificates awarded to me. I also agree to notify the college of any changes to my personal details. The College adheres to the principles of Data Protection legislation. The College may wish to contact you for research purposes or to offer other education products.

If you have an objection to this, please tick here.

STUDENT DECLARATION

I agree to abide by the rules of the College and attend classes, tutorials, produce assignments and other work as required by the teaching staff. I have read, understood and agree to abide by the College's Acceptable Use Policy in relation to the use of the Internet through College networks. I certify that the details on this form are correct and, after noting these conditions, wish to enrol for this course. I undertake to pay all appropriate fees related to this course and understand that fees will only be refunded where a course does not run or is oversubscribed.

Signature of

Applicant.....Date.....

OFFICE USE

ENROLMENT METHOD IN PERSON BY POST BY TELEPHONE Agent reference _____

Documents Received : Fee paid: Administrative charges _____ Fee _____

Total fee (per annum)..... Fee Paid in advance..... CASH CHEQUE CREDIT CARD DEBIT CARD

RECEIPT N NUMBER.....

FACULTY CONTACT:

Application Status: