



USE BLACK BALLPOINT OR BLACK TYPE

Application Form

Application Ref No:

(For Institution use only)

Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses. Please read the accompanying Notes for Guidance before completing this form.

Please complete all sections of this form and return to:

Recruitment and Admissions, University of Bolton, Deane Road, Bolton BL3 5AB

1 Title/Name/Address		Title <input type="text"/>	
Surname/ Family Name			
First/given name(s)			
Postal Address line 1		Home Address (if different) line 1	
Address line 2		Address line 2	
Address line 3		Address line 3	
Address line 4		Address line 4	
Postcode (UK only)		Postcode (UK only)	
Mobile Number	Tel:	Home contact number (including STD/ area code)	Tel:
email			Fax:

2 Further Details

Your age on 30 September in year of entry
 Years Months Male (M)/ Female (F)

Date of birth Additional Learning Support Code (see notes)

Area of permanent residence _____
 Country of birth _____
 Nationality _____
 Ethnic Origin Code (UK applicants only) Not used for selection purposes. Please refer to guidance notes for appropriate codes.
 Date of first entry to live in UK Residential Category (see notes)

3 Details of course(s) for which you wish to apply

Month and year in which you wish to start _____ **Name of Partner College:** _____

Course Title	Preliminary choice of main subjects/options (if applicable)	Mode of study: full time/ sandwich/part-time/ other Please specify	Year of entry	Stage: ie Year 1 Year 2

Please indicate how you heard of these courses

Have you previously studied at The University of Bolton? Yes No If yes, please complete the following as fully as possible.

Dates Attended	Course Studied	Student Number (if known)
From <input type="text"/> To <input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/> To <input type="text"/>	<input type="text"/>	<input type="text"/>

11 REFERENCE

Applicants for Teaching in Post Compulsory Education, MEd and BA Education please ask one of your referees, detailed in section 12, to supply a reference in this section of the form, and forward the completed application to us.

Applicants for Health and Nursing CPD courses do not complete this section, but move to section 12.

Applicants who are applying to study with one of our partner colleges must hand the completed form to the Centre Leader who is requested to confirm the applicants acceptance by signing below.

Name of referee / Centre Leader

Post / Occupation / Relationship

Name and address of school / college / organisation

Tel:

Fax:

email:

Name of applicant (block capitals or type) _____

Referee's / Centre Leader's Signature: _____

Date: _____

12 Only to be completed by applicants for teaching in Post Compulsory Education, MEd and BA Education courses, Nursing courses.
 (Please give as referees two persons who are able to speak of your academic work and experience in industry, commerce or public services)
 Health/Nursing CPD applicants see guidance booklet

1.	
email Address	
Tel No.	Fax No.

2.	
email Address	
Tel No.	Fax No.