



ALL SECTIONS MUST BE COMPLETED IN FULL BEFORE SUBMISSION

SECTION A – PERSONAL DETAILS

A1 Student Information										
Student Number (OFFICE USE ONLY)	B	1	2	3	4	5	6	7	Course applying for:	
Title (Mr/Miss/Mrs/Dr. etc.)									Programme start date:	
Surname/Family Name										
Forename Name(s)									Mode of Study	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Date of Birth	DD/MM/YYYY		Student Fee Status*		<input type="checkbox"/> Home <input type="checkbox"/> European Union <input type="checkbox"/> Channel Islands & IoM <input type="checkbox"/> Overseas					
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other									

A2 Permanent Address (at application) - Please ensure a full address is provided		
		Mobile Contact number (incl dialling code from UK):
Passport number:		Please provide a photocopy of the biographical details for our records. If dual nationality, please use the passport you are using for your CAS Application.
Passport issue date:		
Passport expiry date:		

BIOGRAPHICAL DETAILS

Country of Birth	Place of Birth	Nationality
Please specify: _____	Please specify: _____	Please specify: _____
B6 Ethnic Origin (tick box)	B7 Disability (tick box)	
<input type="checkbox"/> White (10) <input type="checkbox"/> Gypsy or Traveller (15) <input type="checkbox"/> Black or Black British - Caribbean (21) <input type="checkbox"/> Black or Black British - African (22) <input type="checkbox"/> Other Black Background (29) <input type="checkbox"/> Asian or Asian British - Indian (31) <input type="checkbox"/> Asian or Asian British - Pakistani (32) <input type="checkbox"/> Asian or Asian British - Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39) <input type="checkbox"/> Chinese (34) <input type="checkbox"/> Mixed - White & Black Caribbean (41) <input type="checkbox"/> Mixed - White & Black African (42) <input type="checkbox"/> Mixed - White & Asian (43) <input type="checkbox"/> Other Mixed Background (49) <input type="checkbox"/> Arab (50) <input type="checkbox"/> Other Ethnic Background (80) <input type="checkbox"/> Information refused (98)	<input type="checkbox"/> No known disability (00) <input type="checkbox"/> Multiple Disabilities (08) <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51) <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53) <input type="checkbox"/> A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54) <input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder (55) <input type="checkbox"/> A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56) <input type="checkbox"/> Deaf or a serious hearing impairment (57) <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses (58) <input type="checkbox"/> A disability not listed above (96)	



SECTION C – QUALIFICATION(S) ON ENTRY

C1 – Last Institution Attended

Name of School/College/University	
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C2 – Qualification Details (please list all qualifications achieved to-date use a continuation sheet if necessary)

Name of qualification	Grade/Mark achieved	Awarding Body/Exam board	Subject	Year taken

C3 – English Language Competency

Is English your first language?				
If English is <u>not</u> your first language, please state IELTS/SELT score(s)	Reading		Listening	
	Writing		Speaking	
Overall score				
When was it taken?	MM/YYYY	Candidate No:		



Supporting Statement

Please show how your previous academic studies, experience, knowledge, skills, interests and personal attributes will equip you to join the programme:

References

Please ensure that your references are included with your submitted application where appropriate. References must be provided by someone that knows you in a professional capacity. This cannot be a friend or relative.

First Referee Contact Details	Second Referee Contact Details
Name:	Name
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:

When submitting this form, please provide evidence of the following:

- Your nationality and immigration status
- The nationality of any relevant family members and your relationship to them (if claiming Home/EU status through them)
- Your country/ies of residence over at least the last three years
- Your date of arrival in the UK (if already in the UK)

Please do not submit original documents as we cannot guarantee that these will be returned. Please accompany any documents not in English with translations.



Immigration Status	
Date you arrived in the UK (date, month, year)	
What is your current immigration status?	
When does your current immigration status expire? (date, month, year)	
Please provide information on all changes and previous extensions to your immigration status in the UK	
Have you ever had a visa application refused? If yes, please give details	
Are you intending to bring any dependants with you to the UK should you be granted a student visa?	

Your residency	
Where do you currently live?	
How long have you lived there?	
<p>Please provide details of where you have lived covering at least 10 years prior to the start of your intended course. Give locations, purpose and approximately dates for each location if you have regularly travelled between two or more countries provide information for each visit (excluding holidays). You may provide this information as a separate document if you prefer.</p>	

Your family	
Current immigration status of your husband/wife/civil partner	
Nationality/nationalities of your husband/wife/civil partner	
Nationality/nationalities of your mother	
Nationality/nationalities of your father	



I declare that the information I have provided in this application is accurate and to the best of my knowledge. I understand that additional or original documents or notarised translations may be requested to complete the assessment of my fee status.

Applicant Signature

	DD/MM/YY
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Agent Signature

	DD/MM/YY
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Applications should be sent to:
admissions@bishopg.ac.uk

Agent's Name: _____

Agent's Address: _____

Agent's T: _____

Agent's E: _____