

The Nottingham Trent University Application Form

Solely for use at this university 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.

Application Ref No:

Please complete (Section 1) in **BLOCK CAPITALS**

1. Personal details

Title
Mr/Ms/Miss/Mrs etc

Surname/Family Name

First given name(s)

Previous surname, if changed

Correspondence address

Postcode

Daytime telephone No (including STD area code)

Evening telephone No (if different) (including STD area code)

Email:

Fax No:

Home address (if different)

Postcode

Daytime telephone No (including STD area code)

Evening telephone No (if different) (including STD area code)

Email:

Fax No:

2. Further details

Sex: Male (M)	<input type="checkbox"/>	Date of birth	<table border="1"><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day	Month	Year							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Female (F)	<input type="checkbox"/>								

Your age on 31 December in year of entry Years Months

Disability/special needs
Please enter the appropriate code in the box if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment. (See Notes for Guidance.)

Please provide full details in Section 10.

Have you applied (or do you intend to apply) for a Disabled Students Allowance?

Have applied Have received Intend to apply

Student Registration Number for vocational qualifications or Scottish Candidate Number

3a. Fee Status

Area of permanent residence

Country of birth

Nationality

Date of first entry to live in the UK

Residential category (see Notes for Guidance)

3b. Payment of fees

Who will pay your tuition fees?

Have you previously received an educational award from UK public funds? Yes No

If yes, please provide details:

Funding body

Course

Dates of study

4. Details of programme(s) to which you wish to apply

Programme Title	Preliminary choice of main subjects/options (if appropriate)	Mode of study: full-time/sandwich/part-time/other Please specify	Year of entry	Stage i.e. Year 1 Year 2

Please indicate where you heard of these programmes, i.e. Newspaper, Prospectus, Web page, etc.

5. Work experience: (Please consult Notes for Guidance before completing this section.) Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	Name of organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year

6. Last two educational establishments attended
Name and addresses of the two most recent educational establishments attended.

1.	Course taken	Qualification obtained	From	To	FT or PT

7a. Qualifications completed: Applicants should list all subjects taken, whatever the result, in date order with the most recent first. Qualifications awarded by BTEC or SCOTVEC – please attach transcript of all results if known. Continue on a separate sheet if necessary.

Level, e.g. GCSE, A, HND, degree or professional qualifications	Awarding Body e.g. JMB	Subject	Date		Name of educational establishment attended	Results (grades or bands)
			Month	Year		

7b. Qualifications pending: Applicants should list all subjects to be taken in date order. List all modules to be taken with value and level of each. Continue on a separate sheet if necessary.

Level, e.g. GCSE, A, HND, degree or professional qualifications	Awarding Body e.g. JMB	Subject	Date		Name of educational establishment attended
			Month	Year	

7c. Summary of qualifications held: Please tick highest qualification held.

Mature Student - no formal qualifications	ONC / OND	Postgraduate Certificate / Diploma
Recognised Access Course	HNC / HND	Masters
GCSE / GCE / CSE	First Degree	Other - please specify

Open statement by referee

Name of referee _____

Post/occupation/relationship _____

Address _____

Telephone No:
(including STD)

Fax No:
(including STD)

Email: _____

This form may be photocopied: USE BLACK BALLPOINT OR BLACK TYPE. Please affix official stamp where appropriate, at the end of the statement.

Name of applicant *(block capitals or type)* _____

Programme applied to _____

Section 8 checked
as correct Yes

Signed _____

Has this reference been
discussed with the applicant? Yes No

Date _____

Tear-off slip

Application Ref No:

12.Planning statistics (This information WILL NOT be made available to Admissions Tutors for selection purposes).

a) Ethnic origin

Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write its code in the boxes.



White	10	Asian	
Black		Indian	31
Black-Caribbean	21	Pakistani	32
Black-African	22	Bangladesh	33
Black-other	29	Chinese	34
Other	80	Asian-other	39

b) Occupational background _____

(if under 21, enter occupation of parent. If aged 21 or over, enter your own occupation. See Notes for Guidance for further information).