



HOLBROOK COLLEGE of LONDON

Student Application Form

Please complete the form in **BLOCK LETTERS**

Please affix
photograph here

For Office Use Only:

Session:	Staff Name:
Student ID:	Staff Signature:

1. Courses: Please tick the appropriate box	Awarding Body
<input type="checkbox"/> Bachelor of Law (LLB)- Northumbria University (Supported Open Learning Programme)	Northumbria University
<input type="checkbox"/> Bachelor of Law (LLB)- University of London (International Programme)	University of London
<input type="checkbox"/> Post Graduate Diploma in Business Management	ABP
<input type="checkbox"/> Post Graduate Diploma in Information Systems and Application Development	ABP
<input type="checkbox"/> Post Graduate Diploma in Information Security and Assurance	ABP
<input type="checkbox"/> eDigital Competence Certificate (Only For Local Student)	eDCC
<input type="checkbox"/> Certificate in Business Accounting (Only For Local Student)	CIMA
<input type="checkbox"/> Diploma in Management Accounting (Operational Level)	CIMA
<input type="checkbox"/> Advance Diploma in Management Accounting (Management Level)	CIMA
<input type="checkbox"/> Qualifying for the Test of Professional Competence in Management Accounting (TOPCIMA)(Strategic Level)	CIMA
<input type="checkbox"/> Association of Chartered Certified Accountants (ACCA) Qualification	ACCA
<input type="checkbox"/> Certificate in Administrative Management (Only For Local Student)	IAM
<input type="checkbox"/> Diploma in Administrative Management	IAM
<input type="checkbox"/> Advanced Diploma in Administrative Management	IAM
<input type="checkbox"/> Foundation Diploma in Management of Information Systems (Only For Local Student)	IMIS
<input type="checkbox"/> Diploma in Management of Information Systems	IMIS
<input type="checkbox"/> Higher Diploma in Management of Information Systems	IMIS
<input type="checkbox"/> National Diploma in Business (BTEC NQF Level 3)	Edexcel

2. Personal Details:

Title: (Mr/Mrs/Miss/Ms)	Family or Last Name:
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<i>First Name:</i>		<i>Other Names</i>	
<i>Date of Birth:</i>		<i>Sex:</i>	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>
<i>Nationality:</i>		<i>Place of Birth</i>	
<i>Country of Birth</i>			
<i>Passport Number</i>			
<i>Ethnicity (Please specify)</i>	_____		
<i>Do you consider yourself disabled?</i>	<input type="checkbox"/> <i>Yes (Please specify)</i> _____ <input type="checkbox"/> <i>No</i>		

3. Address:	
<i>Permanent Home Address:</i>	<i>Current UK Address:</i>
<i>Post Code:</i>	<i>Post Code:</i>
<i>Email:</i>	<i>Email:</i>
<i>*Tel:</i>	<i>*Tel:</i>
<i>*Mobile:</i>	<i>*Mobile:</i>
<i>(*Please include country and area code)</i>	

<i>Will any dependant (Spouse/Partner/Children, etc) live with you in the UK?</i>	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
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<i>If Yes, give details (use separate sheet if required)</i>			
<i>Name:</i>		<i>Name:</i>	
<i>Date of Birth:</i>		<i>Date of Birth:</i>	
<i>Passport No:</i>		<i>Passport No:</i>	
<i>Relationship:</i>		<i>Relationship:</i>	

<i>4. Is English your First Language?</i>	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>If not what is your English Proficiency Level?</i>
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<i>English Language (Minimum Grade) Required by UK Border Agency:</i>				
<i>IELTS</i> <input type="checkbox"/> <i>(L-4.0.R-4.0.W-4.0. S-4.0)</i>	<i>TOEFL</i> <input type="checkbox"/> <i>(L-13.R-8.W-17. S-19)</i>	<i>PTE (Pearson Test)</i> <input type="checkbox"/> <i>(L-43.R-43.W-43. S-43)</i>	<i>FCE (First Certificate)</i> <input type="checkbox"/> <i>(L-W.R-W.W-W. S-W)</i>	<i>PTE (Preliminary English Test)</i> <input type="checkbox"/> <i>(L-B.R-B.W-B. S-B)</i>
<i>If others (Please Specify):</i>				

5. Personal Statement (Please tell us about yourself, your current and previous employment, hobbies and achievements including your decision to choose this course (Use separate sheet if necessary)

6. Next of Kin (Name): _____

Address: _____

Post Code: _____ **Relationship:** _____ **Email:** _____

***Telephone:** _____ ***Mobile:** _____

7. Financial Sponsor (Name): _____

Address: _____

Post Code: _____ **Relationship:** _____ **Email:** _____

***Telephone:** _____ ***Mobile:** _____

8. Education:
 Please list the qualifications that you have achieved since the age of 14. Please attach all necessary copies of these certificates (English version, please) with this application form.

Name of the Institution	Courses Completed	Grades	Date of Study	
			Start	End

- 4 *Students who have an agreed payment instalment system must pay their fees on or before the agreed date. Paying a deposit does not prevent any increase in fees being applied.*
- 5 *All fees include VAT and all relevant material for each course. Unless otherwise stated, the fees do NOT include fees payable to the professional body for registration and circumstances.*
- 6 *HCL College reserves the right to remove any student from a course for non-payment of fees. No refund will be made under these circumstances.*
- 7 *A charge of £25 will be made to students for each dishonoured payment.*
- 8 *HCL College reserves the right to inform the appropriate authorities, including the British Home Office, where a student has been removed from the College. (please see the refund policy, Web site/ Prospectus)*

I confirm to the best of my knowledge the information provided above is correct. If I am accepted on the applied course, I agree to abide by the stated terms and conditions.

Applicant's Signature:

Applicant's Name in Block Capitals

Date

Official Use Only:

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Only to be filled by overseas students already in the UK

<i>When did you arrive in the UK?</i>		<i>Current Visa Issue Date:</i>	
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<i>Current Visa Expiry Date:</i>		<i>Entry Clearances Issue Date:</i>	
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Please specify a list of courses you have completed in the last 12 Months

<i>Institution Name</i>	<i>Course Name</i>	<i>From</i>	<i>To</i>	<i>Result</i>

I confirm to the best of my knowledge the information given above is correct

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<i>Applicant's signature:</i>		<i>Date:</i>	
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For office use only

<input type="checkbox"/>	<i>Passport and Visa copies attached</i>
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<input type="checkbox"/>	<i>Others (Please specify)</i>
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<i>Verified by</i>	
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<i>Checked by</i>	
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