



University of the West of England

BRISTOL

For office use only

### Application for Undergraduate Study

including the Foundation Diploma in Art, Media and Design and the International English Language Preparatory Course

For programmes not administered by UCAS or other clearing houses

Please complete in black ink using block capitals

#### 1 Programme title(s) *Please list in order of preference*

i \_\_\_\_\_

ii \_\_\_\_\_

iii \_\_\_\_\_

|  |   |
|--|---|
| Would you like to study full-time <input type="checkbox"/> part-time <input type="checkbox"/><br>as an exchange student <input type="checkbox"/> | Proposed entry date: month ___ year ___<br>Study placement: from ___ to ___ |
|--|---|

#### 2 Applicant details

|                              |  |
|------------------------------|--|
| Surname/Family name          | Dr/Mr/Mrs/Miss/Ms  |
| First/Given name(s)          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Previous surname, if changed | Male <input type="checkbox"/><br>Female <input type="checkbox"/>   |

Age on 31 August in year of entry: years \_\_\_ months \_\_\_

Date of birth: day \_\_\_ month \_\_\_ year \_\_\_

|  |                                    |
|--|------------------------------------|
| Correspondence address <i>(we will send all correspondence here, so it is important that you let us know of any change of address)</i> | Home address <i>(if different)</i> |
| _____  | _____                              |
| _____  | _____                              |
| _____  | _____                              |
| Postcode _____   | Postcode _____                     |
| Telephone _____  | Telephone _____                    |
| Mobile phone _____   | Fax _____                          |
| Fax _____  | E-mail _____                       |
| E-mail _____   |                                    |

If you have a disability, special need or medical condition please enter the appropriate code from the list below:

- |   |  |
|---|--|
| 0 None  | 6 Mental health difficulties   |
| 1 Specific learning difficulty (eg dyslexia)        | 7 Unseen disability (eg diabetes, epilepsy or heart condition)                                   |
| 2 Blind or partially sighted                        | 8 Two or more of the above <i>(please specify)</i>   |
| 3 Deaf or hard of hearing                           | 9 Disability, special need or medical condition that is not listed above <i>(please specify)</i> |
| 4 Wheelchair user or mobility difficulties          |  |
| T Autistic Spectrum Disorder or Asperger's Syndrome | <input type="checkbox"/>   |

Details of facilities / support required:

\_\_\_\_\_



**5 Qualifications completed and pending** *continue on separate sheet if necessary*

| Examining/awarding body | Subject/unit/module | Level (eg A-level<br>HND, GCSE) | Date | Results (grades or bands)<br>Indicate if waiting for result |
|-------------------------|---------------------|---------------------------------|------|---|
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |
|                         |                     |                                 |      |   |

*Please enclose a copy of your qualification certificates and/or a copy of your transcripts. A translation in English should be provided where appropriate.*

**Additional skills / qualifications**

Please describe any proficiency in using computers, stating any qualifications you may hold or computer packages with which you are familiar.

What language skills do you have? Please state language and level of proficiency: basic, intermediate, or fluent.

If English is not your first language, please tell us about any English language qualifications you hold and enclose a copy of your result slip with the application: IELTS score  TOEFL score

Any other English language qualification score  Date obtained

If you do not already have an English language qualification, please indicate which test you will take and the date on which you will be examined

**6 Employment details** *(most recent first)*

| Dates | Organisation and department | Job title and responsibilities |
|-------|-----------------------------|--------------------------------|
|       |                             |                                |
|       |                             |                                |
|       |                             |                                |
|       |                             |                                |
|       |                             |                                |

Current employer's address *(if applicable)*

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Contact \_\_\_\_\_



## 8 Referee

Please give name and address of one referee who should be able to comment on your academic ability. Please complete your personal details on the enclosed reference sheet, then pass it, with this application form, to your referee for completion. The reference and application form should then be returned to the Enquiry and Admissions Service.

*If you are applying for a programme in the Faculty of Health and Social Care, please give the name and address of a second referee whom the University may contact*

Name .....  
Occupation .....  
Address .....  
.....  
.....  
Postcode ..... Telephone .....  
Fax ..... E-mail .....

Name .....  
Occupation .....  
Address .....  
.....  
.....  
Postcode ..... Telephone .....  
Fax ..... E-mail .....

## 9 Declaration

I confirm that the information given on this form is true, complete and accurate.

If the University of the West of England has reason to believe that I or any other person have given false information or have omitted any information requested in the instruction or application form or made any misrepresentation, the University will take whatever steps considered necessary to establish the authenticity of my application. I accept that if I do not fully comply with these requirements, the University reserves the right to cancel my application and I shall have no claim against the University.

Signature

Date

**Please complete your personal details on the reference sheet, and pass it with your application form to your referee for completion and return to:**

Enquiry and Admissions Service, University of the West of England  
Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY, UK  
Telephone +44 (0)117 344 3333 Fax +44 (0)117 344 2810  
Minicom +44 (0)117 976 3806 E-mail admissions@uwe.ac.uk

## 10 How did you learn about UWE?

- |   |                                 |  |  |
|---|---------------------------------|--|--|
| <input type="checkbox"/> Prospectus           | <input type="checkbox"/> ECCTIS | <input type="checkbox"/> Advertisement   | <input type="checkbox"/> Bristol UWE website |
| <input type="checkbox"/> Careers advice       | <input type="checkbox"/> Friend | <input type="checkbox"/> Word of mouth   | <input type="checkbox"/> Studylink CD-ROM    |
| <input type="checkbox"/> Employer             |                                 | <input type="checkbox"/> British Council | <input type="checkbox"/> UCAS handbook       |
| <input type="checkbox"/> Other (please state) |                                 |  |  |

## 11 Have you previously studied at UWE?

- Yes       No

If 'yes' please give your:

UWE Student Registration number    \_ \_ \_ \_ \_      Alumni number    \_ \_ \_ \_ \_

### The Data Protection Act 1998

The information which you give on your application form will be used for the following purposes only:

- To enable your application for entry to be considered.

- To enable the university to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which would identify you as a person will be published.
- To enable the university to initiate your student record.





University of the  
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## Reference Sheet

**Programme title:**

**Applicant's full name:**

**Address:**

**Date of birth:**

### Notes for the guidance of referees

The referee's report is an integral and important part of the selection process, and the information you give will help to guide admissions tutors in making their decisions.

In order that the University can evaluate the applicant's academic and intellectual capacity your reference should if possible cover:

1. Suitability for the programmes(s) applied for
2. Intellectual qualities including
  - a) development to date and previous examination performance with special reference to any factors which may, in your opinion, have adversely influenced the result
  - b) present performance
  - c) potential, including an assessment of the probable results of any pending examinations
3. Personal qualities
4. Career aspirations
5. Health and other personal circumstances relevant to the application
6. Athletic, social and other interests

***Please ensure that the form is completed clearly in black ink.***

### Mature applicants

Referees may have difficulty in commenting on the academic abilities of mature applicants, who may not have any recent educational experience, and in these circumstances, referees may wish to confine their comments to matters listed under 1, 2c, 3, 4, 5 and 6 above.

***Please fill in personal details, and send to your referee(s). Completed references should be returned to:***

Enquiry and Admissions Service, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, UK  
E-mail Admissions@uwe.ac.uk Fax +44 (0)117 344 2810

## CONFIDENTIAL STATEMENT BY REFEREE

Name of referee:

Post/occupation/relationship:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please use this side of the form only, within the frame. Please affix official stamp, where appropriate, at the end of the statement.

Name of applicant (block capitals or type)

.....

Signed: .....

Date: .....



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# Equal Opportunities Monitoring Form

We use this information to monitor applications and equal opportunities.  
It will not be taken into account in the admissions process.

## Planning Statistics

**Occupational background:** .....

Please give the occupation of your parent, step-parent or guardian who earns the most. If he or she is retired or unemployed give the most recent occupation.

Alternatively, if you are aged 30 or over please give your own occupation

## Ethnic origin:

Complete this section only if you have shown on the form that your area of permanent residence is in the UK.

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

|  |  |
|--|--|
|  |  |
|--|--|

|                               |    |                               |    |
|-------------------------------|----|-------------------------------|----|
| <b>White</b>                  |    | <b>Asian or Asian British</b> |    |
| British                       | 11 | Indian                        | 31 |
| Irish                         | 12 | Pakistani                     | 32 |
| White Scottish                | 13 | Bangladeshi                   | 33 |
| Irish Traveller               | 14 | Chinese                       | 34 |
| Other white background        | 19 | Other Asian background        | 39 |
| <b>Black or Black British</b> |    | <b>Mixed</b>                  |    |
| Caribbean                     | 21 | White and Black Caribbean     | 41 |
| African                       | 22 | White and Black African       | 42 |
| Other black background        | 29 | White and Asian               | 43 |
|                               |    | Other mixed background        | 49 |
|                               |    | Other ethnic background       | 80 |

## Programme(s) applied for:

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## Name (optional):

**Please return completed form to:**

Enquiry and Admissions Service, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, UK