

MASTER OF ARTS/POSTGRADUATE DIPLOMA/CERTIFICATE COURSES

GUIDANCE NOTES FOR APPLICANTS

PLEASE READ THE FOLLOWING NOTES CAREFULLY AS THE DECISION TO SELECT YOU FOR INTERVIEW WILL BE BASED ON THE INFORMATION YOU PROVIDE ON THE FORM

PAGE 1 CHOICE OF COURSE

The course list gives details of the Postgraduate Certificate/Diploma and Masters of Arts courses offered by the London Institute.

Enter the details of the course(s) to which you wish to apply, and return the form to the correspondence address shown for your first choice course.

As you will see from the list, and the course specific notes where appropriate, some courses run on both a full time and a part time basis, while others offer the opportunity for direct second year entry. Please ensure that you enter the correct course code when completing the form.

PAGE 2 OTHER EXPERIENCE AND QUALIFICATIONS

Use this section to provide details of other information that supports your application. This could include unpaid work experience, short courses and evening classes, and other qualifications, eg., 'O' and 'A' levels that are relevant to the course(s) for which you have applied.

PAGE 3 ADDITIONAL DETAILS

Read this section carefully and answer all questions which relate to your own particular circumstances.

REFEREES

Please provide details of two referees who have known your work professionally or academically. Enter the correspondence address for your first choice course on the Confidential Report form and forward it to your first referee, who should complete it and return it direct to the college. The second referee will be contacted if necessary.

PAGE 4 PERSONAL STATEMENT

If you wish to submit a typed or word processed statement rather than a handwritten one, please attach it to this page of the form.

Some courses require applicants to submit a study proposal or provide other relevant material. This will be stated in the enclosed course specific notes where appropriate.

DATA PROTECTION ACT

The information which you give on your application form may be used as follows:

To enable the college to compile statistics for distribution within the London Institute and other organisations. No statistical information which could identify you as an individual will be published.

To enable your application to be considered by the college and to create an individual student record.

Camberwell College of Arts
 Central Saint Martins College of Art and Design
 Chelsea College of Art and Design
 London College of Fashion
 London College of Printing

**MASTER OF ARTS/POSTGRADUATE DIPLOMA/CERTIFICATE
 APPLICATION FORM**

FIRST CHOICE COURSE

COLLEGE	CODE
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SECOND CHOICE COURSE

COLLEGE	CODE
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1 PERSONAL DETAILS

SURNAME
FIRST NAMES
PREVIOUS NAMES (IF ANY)

ATTACH A
 RECENT
 PHOTOGRAPH
 HERE

AGE	MALE/FEMALE
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CORRESPONDENCE ADDRESS	PERMANENT HOME ADDRESS (IF DIFFERENT)

TEL. NO.	DAY TIME TEL.NO.	TEL. NO.
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DATE OF BIRTH	NATIONALITY
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COUNTRY OF BIRTH

COUNTRY OF PERMANENT RESIDENCE

DATE OF ENTRY TO UK/EUROPEAN UNION (NON UK/EU NATIONALS ONLY)

WHO WILL PAY YOUR FEES? SELF PARENT GUARDIAN OTHER

IF OTHER, PLEASE GIVE DETAILS

DO YOU HAVE ANY DISABILITIES WHICH REQUIRE SPECIAL FACILITIES ? YES / NO

IF YES, PLEASE GIVE DETAILS

5 PERSONAL STATEMENT

PLEASE GIVE YOUR REASONS FOR APPLYING TO YOUR CHOSEN COURSE, PROVIDING DETAILS OF PARTICULAR SUBJECT INTERESTS, RELEVANT EXPERIENCE OR ABILITIES AND CAREER ASPIRATIONS

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

I HEREBY CONFIRM THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNATURE _____ DATE _____

NAME (IN BLOCK CAPITALS) _____

OFFICE USE ONLY	DATE RECEIVED	DATE ACCEPTED/PASSED TO 2ND CHOICE COURSE
FIRST CHOICE COURSE		
SECOND CHOICE COURSE		

**MASTER OF ARTS/POSTGRADUATE DIPLOMA/CERTIFICATE
CONFIDENTIAL REPORT**

NAME OF REFEREE:

POSITION:

ADDRESS:

TEL NO:

NAME OF APPLICANT

COURSE APPLIED FOR

RELATIONSHIP TO APPLICANT

PLEASE COMMENT ON THE APPLICANT'S SUITABILITY TO UNDERTAKE A POSTGRADUATE COURSE AND ON THEIR ACADEMIC AND CREATIVE WORK. IT WOULD BE HELPFUL IF YOU COULD INDICATE THE NATURE AND EXTENT OF THE EXPERIENCE ON WHICH YOUR JUDGEMENT IS BASED

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE TO:

(CONTINUE OVERLEAF IF NECESSARY)

SIGNATURE _____

DATE _____

NAME (IN BLOCK CAPITALS) _____

PLEASE NOTE THAT THE PERSON THIS REFERENCE APPLIES TO HAS RIGHTS OF ACCESS TO IT UNDER THE DATA PROTECTION ACT 1998