

***** IMPORTANT *****

You will note that you may apply for admission to up to three courses on the form (except Nursing courses where a separate form is required for each).

In order that your application may be processed quickly, please supply a copy of the form (and any insertions) for each choice i.e. the original plus two photocopies if applying for three courses.

If these copies are not enclosed the form will be returned to you.

INSTRUCTIONS FOR COMPLETION OF UNIVERSITY OF ULSTER APPLICATION FORMS

These instructions are provided to help you complete your application form. Please read them carefully before commencing and refer to them for guidance while completing the form.

You will note that you may apply for admission to up to three courses on each form (except Nursing courses where a separate form is required for each). **In order that your application may be processed quickly, please supply a copy of the form (and any insertions) for each choice i.e. the original plus two photocopies if applying for three courses. Failure to do so may delay the processing of your application.**

If you wish the receipt of your application to be acknowledged, please complete the card provided and return with your forms.

A. ALL APPLICATION FORMS

SECTION ONE – PERSONAL INFORMATION

1. Title and Name

Enter the title by which you wish to be addressed, followed by your forenames and then your surname.

2. Previous Surname

Enter your previous surname if changed by marriage or other method. This helps us to verify your previous qualifications and educational records.

3. Sex

Enter M (Male) or F (Female)

4. Marital Status

Enter the appropriate status from the following list:-

- Single
- Married
- Separated
- Divorced
- Widowed

5. Date of Birth

Enter the day, month and year i.e. 06 01 72.

6. Nationality

Enter your nationality as given on your passport.

7. Country of Birth

Enter the current name of the country in which you were born.

8. School/College/University Last Attended

Enter the name of the institution you are currently attending, or the one which you attended most recently prior to making this application.

9. Disability/Medical Condition

If you have a disability or medical condition which might affect your studies, please give full details. This will help us to assess your personal needs in relation to the particular disability/medical condition and the course of study proposed.

10. Permanent Home Address

Enter your full home address, including house number and street name, town or city, country and postcode.

11. Address for Correspondence

If you wish the university to send correspondence to a different address from your home address, please give full details including the postcode. Please indicate if this correspondence address is only to be used between certain dates.

12. Question on UK Residency

Please answer this question by deleting Yes/No as appropriate.

- i.e. If you have been resident
- Answer Yes
- If you have not been resident
- Answer No

This question is asked to determine your fees status.

13. Home Telephone Number

Enter your home telephone number, **including the STD code**, if you have one.

14. Daytime Telephone Number

If you can be contacted at a different telephone number during working hours, please give this number also.

15. Fax Number/E.Mail

If you have access to a fax machine, please give the number **including the STD code**.

If you use e-mail, please give your e-mail address.

SECTION TWO – COURSE TITLES

Enter the titles in full as listed in the appropriate prospectus. There is no order of preference.

Please also enter the following information where appropriate:

- (a) Year of course to which you are seeking entry, i.e. 1st, 2nd.
- (b) Campus on which you wish to attend, i.e. Jordanstown.
- (c) Mode of attendance, i.e. full-time or part-time.
- (d) Academic year of entry, i.e. 2002/03.
- (e) Month of entry i.e. September.
- (f) PIN number (nursing courses only).
- (g) Reference number (if you have already made a previous application to the university in the current year).

B. DIRECT ENTRY AND ART AND DESIGN FORMS ONLY

(Those completing Postgraduate/Part-time or Nursing Forms should move to Section C).

SECTION THREE – EDUCATION FROM AGE 15

Enter details of schools/colleges currently or previously attended. Please complete as fully as possible.

SECTION FOUR – EXAMINATIONS TAKEN

Enter details of all examinations previously taken and the results obtained.

SECTION FIVE – EXAMINATIONS TO BE TAKEN

Enter details of all examinations to be taken in the current year.

SECTION SIX – ADDITIONAL INFORMATION

Please provide any additional information which you wish to give in support of your application.

CRIMINAL CONVICTIONS

An applicant for admission to the University who, at the time of application, has been convicted of a criminal offence must declare this in the section of the application form headed Additional Information. An applicant who is convicted after applying and before the date of admission must inform the University without delay. If you do not answer this question, your form will not be processed. Further information is available in the University's prospectuses.

SECTION SEVEN – SIGNATURE

Please sign and date the form.

SECTION EIGHT – INSTRUCTIONS TO EDUCATIONAL REFEREE

Please read these instructions before asking your referee to complete the reference on the last page of the form.

SECTION NINE – CONFIDENTIAL STATEMENT BY EDUCATIONAL REFEREE

This section should be completed by the candidate's chosen referee. The completed form should then be sent to the return address shown on the last page.

C. POSTGRADUATE/PART-TIME AND NURSING FORMS

SECTION THREE – ACADEMIC/PROFESSIONAL QUALIFICATIONS

Enter details of schools/colleges/universities currently or previously attended, and any qualifications obtained.

SECTION FOUR – EXAMINATIONS TO BE TAKEN/ COURSES TO BE COMPLETED.

Enter details of all examinations to be taken in the current year or courses to be completed.

SECTION FIVE – OVERSEAS APPLICANTS

If you are an overseas applicant, please give details of the person or organisation guaranteeing your financial support if you obtain a place at the university.

SECTION SIX – EMPLOYMENT

Enter details of your current and previous employment (if appropriate).

SECTION SEVEN – FINANCE/SPONSORSHIP

If you will be seeking sponsorship from your employer or from a body such as an LEA/Education and Library Board or DENI, please give details.

SECTION EIGHT – ADDITIONAL INFORMATION

Please provide any additional information which you wish to give in support of your application.

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declare this in the section of the application form headed Additional Information. An applicant who is convicted after applying and before the date of admission must inform the university without delay. If you do not answer this question, your form will not be processed. Further information is available in the University's prospectuses.

D. NURSING COURSES ONLY

(Those completing Postgraduate/Part-Time Forms, should move to Section E).

SECTION NINE – SIGNATURE

Please sign and date the form.

SECTION TEN – REFEREE

Please give the details of one referee in addition to the person you ask to complete Section 11

SECTION ELEVEN – CONFIDENTIAL STATEMENT BY REFEREE

This section should be completed by the candidate's chosen referee. The completed form should then be sent to the return address shown on the last page.

E. POSTGRADUATE/PART-TIME COURSES ONLY

SECTION NINE – MODE OF ATTENDANCE

Please indicate your preferred mode of attendance if more than one is indicated in the prospectus.

SECTION TEN – EMPLOYMENT CLASSIFICATION

Please indicate the sector in which you are currently employed.

SECTION ELEVEN – COURSE PUBLICITY

Please indicate how you learned about the course(s) for which you are applying.

SECTION TWELVE – REFEREES

Please give details of two people who may be contacted for references.

SECTION THIRTEEN – SIGNATURE

Please sign and date the form.

The completed form should then be sent to the return address shown on the last page.

DATA PROTECTION

The University has complied with registration notification requirements under legislation relating to data protection and is entitled to hold personal information on those who enquire about admission, on applicants, and on current and former students. These data are held in electronic and paper format.

The data held on applicants are those provided on the application form. Applicants are asked to consent to the processing of the data by the University for administrative purposes, including consideration of their applications, but only insofar as it is permitted to do so within the constraints of the Data Protection Act 1998. The University may continue to process the information even if applicants are refused admission or decline an offer of admission.

Applicants who apply through UCAS and those who apply directly to the University may request access to the data which the University holds on them, and to information about the purposes of processing and the sources, recipients and potential recipients of the data. Confidential references about applicants, and the identity of the referee, will not be disclosed to applicants without the consent of the referee unless the University is satisfied that it is reasonable to disclose the reference.

Requests should be made in writing and on the appropriate form, available from the Director of Corporate Services, University House. The charge for this service is £10.00.

The data held on computer for unsuccessful applicants, or for those who decline an offer of a place, is retained for statistical purposes only. Manual records for such applicants are retained until the end of the calendar year of proposed entry



Application for Admission to POSTGRADUATE COURSES POST-EXPERIENCE COURSES PART-TIME COURSES

FOR UNIVERSITY USE ONLY

Ack.	Interview
Admission conditional on:	
Academic Signature	Date
FINAL	

APPLICATION NUMBER

Please Type or Print in BLACK ink

1. PERSONAL INFORMATION								
MR/MRS/MISS/MS		FORENAMES			SURNAME		PREVIOUS SURNAME (IF APPLICABLE)	
SEX write M or F		Marital Status	DATE OF BIRTH eg 6 Jan 1972 write 060172	NATIONALITY	Leave Blank Code	COUNTRY OF BIRTH	SCHOOL/COLLEGE/UNIVERSITY LAST ATTENDED AS FULL-TIME STUDENT	Leave Blank Code
DISABILITY/MEDICAL CONDITION. If you have a disability or medical condition which might affect your studies and for which special arrangements might have to be made please provide full details below.							Leave Blank 0-9	
PERMANENT HOME ADDRESS						POSTCODE		
ADDRESS FOR CORRESPONDENCE (if different to permanent address)						POSTCODE		
HAVE YOU BEEN ORDINARILY RESIDENT IN THE UK/EU (i.e. without any restriction on the period you may remain in the UK/EU.) FOR THE PAST 3 YEARS FOR PURPOSES OTHER THAN EDUCATION?				YES/NO (Delete as applicable)				
DOMICILE CODE (LEAVE BLANK)		HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER		FAX NUMBER OR E.MAIL ADDRESS (IF APPLICABLE)		
2. COURSE TITLES Please write title(s) in full as listed in the prospectus. There is no order of preference.						CAMPUS	F/T or P/T	Leave Blank Code
(1)								
(2)								
(3)								
ACADEMIC YEAR OF ENTRY (i.e. 2002/3)				MONTH OF ENTRY (i.e. Sept.)				
3. ACADEMIC/PROFESSIONAL QUALIFICATIONS								
School, College, University or Professional Body		Dates	Qualification		Grade/ Classification	Subjects		
Successful applicants will be required to produce documentary evidence of qualifications.								

4. EXAMINATIONS TO BE TAKEN

Examining Body	Date	Level	Subjects

5. OVERSEAS APPLICANTS

- (i) Applicants whose first language is not English must provide, with their application, evidence of proficiency in English Language.
- (ii) Name and address of person or organisation guaranteeing financial support.

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6. EMPLOYMENT

Give a brief history of your employment (including recent temporary or vacation employment)

Present Post	Date	Organisation	Responsibilities

Previous Posts	Date	Organisation	Responsibilities

7. FINANCE (including sponsorship)

This section should be completed only by applicants wishing to register as full-time students.

(i) If you intend to apply for financial support please indicate to which grant awarding body application will be made.

.....

(ii) If you do not obtain a grant will you be able to proceed with your application? YES/NO (Delete as appropriate)

8. ADDITIONAL INFORMATION

State your reasons for applying and provide any further information which you would wish to give in support of your application (e.g. attendance on short courses, career development, experience).

CRIMINAL CONVICTIONS

Do you have any criminal convictions? YES NO If you do not tick either the Yes or No box, we will not process your form.

(not including a motoring offence for which you received a fine or three penalty points.)

An applicant for admission to the University who, at the time of application, has been convicted of a criminal offence must declare this. An applicant who is convicted after applying and before the date of admission must inform the University without delay. Further information is available in the University's prospectuses.

9. MODE OF ATTENDANCE

If the course for which you are applying offers varying modes of attendance tick your preferred attendance pattern.

- Morning and Afternoon
- Afternoon and Evening
- Evening only

10. EMPLOYMENT CLASSIFICATION: (Tick which sector you work in).

- Agriculture, forestry, fishing
- Transport and communication
- Energy and water supply industries
- Banking, finance, insurance
- Engineering
- Central government
- Other manufacturing
- Local government
- Construction
- Health Service
- Distribution, hotel, catering
- Education (please state type.....)
- Other, please specify

11. COURSE PUBLICITY

Tick the appropriate box to indicate how you learned about the course for which you are applying

- Prospectus
- Employer
- Newspaper Advertisement
- Professional Body
- Television (Radio)
- Personal Recommendation
- Other, please specify

12. REFEREES

Give the names of two persons who may be contacted regarding your academic work and/or employment.

Name	Name
Position	Position
Address	Address
.....
.....
Tel. No.	Tel. No.

13. SIGNATURE OF APPLICANT

I consent to the University processing the information on this form for administrative purposes, including consideration of my application, but only insofar as it is permitted to do so within the constraints imposed by the Data Protection Act 1998. In particular, I understand that the University may continue to process this information even if I am refused admission or if I should decline an offer of admission. The information which I have provided on this form is complete and accurate.

SIGNED DATE.....

Please forward the completed application form to the address given below irrespective of which campus the course(s) are located on

**THE REGISTRY OFFICE
 UNIVERSITY OF ULSTER AT COLERAINE
 CROMORE ROAD
 COLERAINE
 CO. LONDONDERRY BT52 1SA
 NORTHERN IRELAND**