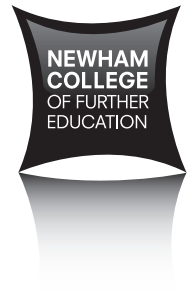


# International Student Application Form 10/11



PLEASE ANSWER ALL QUESTIONS IN FULL, USING CAPITAL LETTERS AND BLACK INK. PLEASE ENSURE THAT YOU READ THE FORM FULLY BEFORE FILLING IT IN.



## SECTION A: PERSONAL DATA

PLEASE ATTACH  
A RECENT  
PHOTOGRAPH OF  
YOURSELF HERE

### PERSONAL DETAILS:

Last/Family Name:

First/Given Name:

Address:

Postcode:

Title (Please tick): Mr  Mrs  Miss  Ms

Home Phone:

Mobile Phone:

Email Address 1:

Email Address 2:

Fax:

Date of Birth:

Gender (Please tick):  M  F

Nationality:

Country of Permanent Residence:

Passport Number:

Ethnic Origin - Please tick the ethnic group that best describes you:

Bangladeshi  Black African  Black Caribbean  Black Other  Pakistani  Indian   
Other Asian  White  Other

**Remember, you need to apply for a student visa.**

**Please see the 'Information for International Students' guide for further information.**





**COURSE YOU WISH TO APPLY FOR:** (if you have chosen A Levels please also list the subjects you wish to study)

Course chosen:

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Please tell us your reasons for choosing this course. (Continue on a separate sheet if necessary):

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**Other reasons for applying:** Please tell us about any work, full-time or part-time, voluntary or paid, which is relevant to the course you have chosen. (Continue on a separate sheet if necessary):

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**Your progression:** What kind of work/study would you like to do after completion of your course(s)?  
(Continue on a separate sheet if necessary):

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**Interests & achievements:** (Include positions of responsibility, part-time employment and other relevant information):

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## SECTION C: FINANCIAL

### WHO WILL PAY YOUR FEES AND BE RESPONSIBLE FOR MAKING MONEY AVAILABLE TO YOU IN THE UK?:

Name:

Address:

Postcode:

Phone Number:

Email Address:

How much money will be available to you each month?:

### PAYMENT:

All international applicants must pay 50% of the total course fees before being able to gain a college place.

How will you pay your deposit?:

Credit/Debit Card

Bank Transfer

Bank Draft

How will you pay the balance of your fees?:

Credit/Debit Card

Bank Transfer

Bank Draft

If by Credit/Debit card, please give details:

Maestro

MasterCard

Delta

Visa

Electron

Other, please specify:

How did you hear about us?:

Advertising

Relation/Friend

Agent

Careers Advisor/Teacher

Previous Course

British Council

Internet

Visit to College

Job Centre

Library

Other, please specify:

## SECTION D: ADDITIONAL INFORMATION

### IF YOU ARE APPLYING FOR A FURTHER EDUCATION COURSE:

Have you applied for asylum in the UK?: Yes  No

If yes, has a decision been made yet?: Yes  No

Please provide details of the decision:

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### LEARNING SUPPORT:

We provide a range of support for learners with disabilities and learning difficulties, including mobility difficulties, visual and hearing impairments, mental health difficulties, medical conditions such as epilepsy, and specific learning difficulties such as dyslexia.

Would you like a confidential interview to discuss support needs?: Yes  No

## DECLARATION/CONSENT TO PROCESS (DATA PROTECTION ACT 1998)

I understand that I have a responsibility to provide accurate information, and that the information I have given is correct to the best of my knowledge. I will update the College if any of my personal details (e.g. address) change. I give consent for the personal information provided on my application and reference forms to be held, recorded and processed by Newham College of Further Education. This will include information of a sensitive nature, e.g. ethnicity and medical condition. I understand that the information will be treated in confidence and used internally for specific purposes as laid out in the College's Data Protection Policy. My consent is conditional upon Newham College of Further Education complying with its obligations and duties under the Data Protection Act 1998.

I confirm that the information provided on this form is correct to the best of my knowledge, and consent to this data being used as above:

Signature of Applicant:

Date:

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Parent/Guardian: (Signature):

If the Applicant is under 18

(Name):

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I agree with this application to the College, and will ensure compliance with the College Regulations: Date: \_\_\_\_\_

If you have any queries or would like a copy of the Data Protection Policy write to:

Course Consultancy Team, Newham College of Further Education, East Ham Campus, High Street South, London. E6 6ER

ONCE YOU HAVE COMPLETED THIS FORM PLEASE RETURN IT,  
WITH EVIDENCE AND A LIST OF SUPPORTING DOCUMENTS, TO:

Course Consultancy Team  
Newham College of Further Education  
East Ham Campus  
High Street South  
London  
E6 6ER

Tel: 00 44 (0) 20 8257 4446  
Fax: 00 44 (0) 20 8257 4325  
E-mail: [externalenquiries@newham.ac.uk](mailto:externalenquiries@newham.ac.uk)

**SUPPORTING DOCUMENTATION CHECK LIST:**

- Proof of qualifications – certified copies
- Proof of IELTS minimum score of band 6 or above or TOEFL score of 78 or above
- Proof of identity – copy of the crest and photographic page of the passport
- Proof of residence in UK
- Proof of financial status (bank statement of 3 months confirming that entire amount of course cost is available)

**APPLICABLE IF THE SPONSOR IS APPLYING ON BEHALF OF THE APPLICANT:**

- Proof of residential status of the sponsor
- Proof of sponsor's financial status – (bank statement for 3 months, evidence that they are earning potentially £800 per calendar month and evidence of payslips)
- Any other documentation (please specify below)

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