

Application Form



Please use this application form to apply for all UHOVI courses.
Remember to complete the application form in full using black ink and CAPITAL letters.

Personal Details

Title Mr Mrs Miss Ms Dr Other

Male Female

Date of birth Day Month Year

Surname/Family Name _____

First Name(s) _____

Permanent Home Address _____

Postcode _____

Telephone number _____
(including area code)

Mobile telephone number _____

Email address _____

Course

Course title _____

Location _____

Full-time Part-time

Where did you first hear about this course? _____

Further Details

Country of birth _____

Country of permanent residence _____

Nationality _____

If you were born outside the European Union please give the date of first entry into the UK
Day Month Year

Are you a Welsh speaker? Yes No

Qualifications Please list your qualifications (including professional), giving your highest first.

School/ College/ University	Qualification e.g. A level, NVQ, GCSE	Subject(s)	Month/ Year	Result/Grade (Indicate if waiting for result)

Employment Information Please give details of any employment/work experience which may support your application.

Start Date	End Date	Employer Name and Address	Postcode	Job title

Additional Information

Please use this area to provide any further information to support your application.

Disability

UHOVI is committed to supporting all learners so we'll try to meet your needs wherever possible. The information provided in this application will help us to do this. If you regard yourself as having a disability, learning difficulty (including dyslexia) or a health issue which may affect your study, please give details below.

Criminal Convictions

Do you have any criminal convictions? Yes [] No []

Declaration

I declare that, to the best of my knowledge, the information I have given on this form is true, complete and accurate. I consent to the University of Glamorgan and/or the University of Wales, Newport processing the data I have disclosed for the purpose of providing educational services and for any other legitimate purpose as prescribed by the Data Protection Act 1998.

Signature _____
Date _____

Ethnicity

- [] White - British
[] White - Irish
[] Other White Background
[] Black/Black British - African
[] Black/Black British - Caribbean
[] Other Black Background
[] Asian/Asian British - Indian
[] Asian/Asian British - Pakistani
[] Asian/Asian British - Bangladeshi
[] Other Asian Background
[] Chinese
[] Middle Eastern
[] Mixed - White/Black/African
[] Mixed - White/Black Caribbean
[] Mixed - White/Asian
or Other (please state) _____

Checklist

- [] Have you completed all sections of the application form?
[] Have you remembered to sign and date the form?

Please return your completed application form to:

UHOVI, Crownford House, Swan Street, Merthyr Tydfil CF47 8ES

If you require any further help or advice concerning your application, please contact UHOVI, telephone: 0800 1223 220 or email: enquiries@uhovi.ac.uk

For institution use only

Date received [][] / [][] / [][]
Assessment: Yes [] No []
Interview: Date [][] / [][] / [][] Time [][] : [][]
Interviewer _____
Offered course _____
Offer conditions _____
Date of offer _____
Signed _____
Date _____