

# Postgraduate & Professional Application Form

Please read the accompanying Notes for Guidance before completing this form

OFFICE USE ONLY	Student ID
-----------------	------------

Have you been a student at this institution before? Yes  No

<b>1. Personal details</b>							
Mrs/Mr/Ms/Miss/Dr	Title <input style="width: 60px;" type="text"/>						
<b>Surname/family name</b> (BLOCK CAPITALS)							
<b>Forename (s)</b>							
<b>Previous surname, if changed</b>							
Sex M/F <input style="width: 40px;" type="text"/>							
Date of birth	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">Day</td> <td style="width: 20px;">Month</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> </tr> </table>	Day	Month	Year	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
Day	Month	Year					
<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>					
<b>2. Fee status</b> Home / EU <input type="checkbox"/> International* (Refer to guidance notes)							
Country of permanent residence							
Nationality							
Applicants not born in the European Union, please state:							
Date of first entry to live in the UK	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">Day</td> <td style="width: 20px;">Month</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> <td style="width: 20px;"><input style="width: 15px;" type="text"/></td> </tr> </table>	Day	Month	Year	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
Day	Month	Year					
<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>					
<b>3. Ethnicity</b>							
<i>Please tick the box which most closely describes your ethnic origin.</i>							
<b>Asian or Asian British</b>							
White <input type="checkbox"/> (10)	Indian <input type="checkbox"/> (31)						
	Pakistani <input type="checkbox"/> (32)						
	Bangladeshi <input type="checkbox"/> (33)						
	Chinese <input type="checkbox"/> (34)						
	Other Asian background <input type="checkbox"/> (39)						
<b>Black or Black British</b>							
Caribbean <input type="checkbox"/> (21)	White & Black Caribbean <input type="checkbox"/> (41)						
African <input type="checkbox"/> (22)	White & Black African <input type="checkbox"/> (42)						
Other black background <input type="checkbox"/> (29)	White & Asian <input type="checkbox"/> (43)						
	Other mixed background <input type="checkbox"/> (49)						
Information refused <input type="checkbox"/> (98)	Other ethnic background <input type="checkbox"/> (80)						
<b>4. Source</b> (Please tell us how you heard about Bucks New University)							
<b>Payment of fees</b>							
Who is expected to pay your fees? (eg. Yourself, Employer, Trust, Research Council)							

<b>5. Disability</b>	
Specific Learning Disability e.g. Dyslexia <input type="checkbox"/> (11)	Personal support needed <input type="checkbox"/> (05)
Blind / partially sighted <input type="checkbox"/> (02)	Mental health difficulties <input type="checkbox"/> (06)
Deaf / hearing impairment <input type="checkbox"/> (03)	Unseen disability (eg. asthma) <input type="checkbox"/> (07)
Wheelchair user / mobility difficulties <input type="checkbox"/> (04)	Multiple disabilities <input type="checkbox"/> (08)
Disability not listed above <input type="checkbox"/> (96)	Autistic Spectrum Disorder <input type="checkbox"/> (10)
Please specify	
<b>6. Permanent address</b>	
Postcode	
Tel no. (incl STD code)	
Evening (if different)	
Student contact no./mobile	
Email	
<b>Correspondence address (if different)</b>	
Postcode	
Tel no. (incl STD code)	
Evening (if different)	
Student contact no./mobile	
Email	
<b>7. Details of course / modules (s) to which you wish to apply</b>	
Course / module name	
Year of entry eg. 2010	
<b>Mode of study</b> (Please tick the one you require)	
Full-time <input type="checkbox"/>	Distance Learning <input type="checkbox"/>
Part-time <input type="checkbox"/>	Study Day <input type="checkbox"/>





**Confidential statement by referee**

Name of referee \_\_\_\_\_

Post/occupation/relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone no.  
(including STD)

Fax no.  
(including STD)

Email

This form may be photocopied: please type with a good black ribbon or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.

**Name of applicant** (*block capitals or type*) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_