



APPLICATION FORM

Photograph

Please complete this form in BLOCK letters using black ink.
(You must complete all sections for the application to be accepted)

Section A				Personal Details			
First Name(s)					Title (Mr / Mrs / Ms / Miss, Other.....)		
Surname			Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Date of Birth			Any gender changed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Place of Birth			Nationality				
Passport/ID No.			Passport/ID Expiry Date				
UK Entry Date			Visa Expiry Date				
Visa Type (Where Applicable)			ILR <input type="checkbox"/> Other:				

Contact Details				
Current Address..... Post Code..... Country		Permanent Address (if different)..... Post Code..... Country		
Mobile			Telephone	
E-mail				

Emergency Contact Details/Next of kin (Please tell us who you would like the College to contact in case of emergency)			
Name			Title (Mr / Mrs / Ms / Miss, Other)
Relation			
Address		Mobile/Tel	
Country.....Post Code.....		E-mail	

Course Details			
Course Name			
Awarding Body			Course Level
Session			Year
Mode of Study	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Time of Study
			Day <input type="checkbox"/>
			Evenings & Weekend <input type="checkbox"/>
ULN No (if any):		UCAS Course Code:	

Section B Qualifications (Highest qualification obtained or expected)						
Qualification Name	Qualification Level	Name of Institution	Awarding Body	Subject	Year of Completion	Grade

Please forward the certificate and transcript of your qualifications (officially translated if not in English).

Work Experience / Training

Please indicate details of your recent appointments

Organisation / Regulatory Body	Position Held	From	To

Section C **English Language Proficiency**

Is English your first language? Yes No

If English is not your first language, please state your qualifications.

Test Name (IELTS/PTE)	Listening	Reading	Writing	Speaking	Overall	Expiry Date
IELTS						
Other (Please Specify)						

Section D **Personal Statement**

Why do you wish to do this course? (Please attach an extra sheet if needed)

Where did you find out about the courses of our College?

Section E **Finance**

Source of Finance: SLC Own Funding Sponsorship

Name and address of person or organisation of sponsorship

Name		Title (Mr/ Mrs / Ms / Miss, Other)
Relation		
AddressPost Code.....	Mobile/Tel	
	E-mail	

Section F	Equal opportunities monitoring
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(Please put cross in appropriate box)

Ethnicity

<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - other <input type="checkbox"/> Mixed - White/black African <input type="checkbox"/> Mixed - White/black Caribbean <input type="checkbox"/> Mixed - White/Asian <input type="checkbox"/> Mixed - other <input type="checkbox"/> Chinese	<input type="checkbox"/> Asian/Asian British - Indian <input type="checkbox"/> Asian/Asian British - Pakistani <input type="checkbox"/> Asian/Asian British - Bangladeshi <input type="checkbox"/> Black/Black British - Caribbean <input type="checkbox"/> Black/Black British - African <input type="checkbox"/> Black/Black British - other <input type="checkbox"/> Other ethnic group <input type="checkbox"/> Please specify.....
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Disabilities

<input type="checkbox"/> No known disability <input type="checkbox"/> Special Learning Difficulty/Dyslexia <input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Blind/partially sighted <input type="checkbox"/> Deaf/hearing impairment <input type="checkbox"/> Two or More Impairments	<input type="checkbox"/> Wheelchair user/mobility difficulties <input type="checkbox"/> Personal care support <input type="checkbox"/> Mental health difficulties <input type="checkbox"/> Unseen disability e.g. diabetes <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Other.....
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If disabled, are you receiving any Disability Allowances? Yes No Prefer not to say

Religion or Belief

<input type="checkbox"/> No religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Christian - Church of Scotland <input type="checkbox"/> Christian - Roman Catholic <input type="checkbox"/> Christian - Other denomination <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known <input type="checkbox"/> Other.....
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Sexual Orientation

<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other.....
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Are you a Carer

<input type="checkbox"/> Not a carer <input type="checkbox"/> Carer	<input type="checkbox"/> Information refused <input type="checkbox"/> Other.....
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Are you a Care Leaver

<input type="checkbox"/> Care leaver (16+) <input type="checkbox"/> In care in the rest of the UK <input type="checkbox"/> Not a care leaver	<input type="checkbox"/> Looked after in Scotland <input type="checkbox"/> UCAS defined care leaver <input type="checkbox"/> Information refused <input type="checkbox"/> Other.....
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Section G	Referees
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Referee 1

Full Name		Title (Mr/ Mrs / Ms / Miss, Other)	
Institution / Company		Position/Job Title	
Address		Telephone/Mobile	
.....Post Code.....		E-mail	

Referee 2

Full Name		Title (Mr/ Mrs / Ms / Miss, Other)	
Institution / Company		Position/Job Title	
Address		Telephone/Mobile	
.....Post Code.....		E-mail	

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions of the College (see www.iconcollege.ac.uk) and agree to abide by them during my entire course of study. I agree to ICON College of Technology and Management processing personal data submitted in this application form, or any other data that the College may obtain from me, for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 2018). I authorise ICON College to issue my course result to my sponsor if my sponsor so requests. The application form and copies of all supporting documents will be retained by ICON College in case of an unsuccessful application for admission.

Applicant's Signature:		Date of Application:
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Note: All decisions by the College are taken in good faith on the basis of the statements made on your application form. If the College discovers that you have made a false statement or have omitted significant information on your application form, for example in examination results, it may withdraw or amend its offer, or terminate your registration, according to the circumstances. You have the right to appeal or make a complaint if your application has been rejected (see admissions and enrolment policies on the College website). The information given on this application form will be electronically stored and used for administrative purposes by the College in accordance with the provisions of the Data Protection Act 2018.

FOR OFFICE USE ONLY			
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Application Received Date		Student's ID Number	
Course Approved For			
Session		Year	
Offer Decision	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Rejection <input type="checkbox"/>
(If conditional or rejection please specify the condition or reason for rejection)			
Staffs Signature		Date	
Name		Position	

<p>Please send the completed and signed application form along with registration fee (if applicable) to The Admissions Office, ICON College of Technology and Management Unit 21, 1-13 Adler Street, London E1 1EG Tel: +44 (0) 207 377 2800 Fax: +44 (0) 207 377 0822 E-mail: info@iconcollege.ac.uk Web: www.iconcollege.ac.uk</p>
