International (non-EU) undergraduate application form



For single application to University of the West of Scotland

Please read the notes section. Complete form in **BLOCK CAPITALS**.

INTERNATIONAL (NON-EU) STUDENTS, WHO WISH TO APPLY FOR A SINGLE UNDERGRADUATE PROGRAMME AT UNIVERSITY OF THE WEST OF SCOTLAND ONLY, SHOULD USE THIS FORM TO APPLY. YOU MUST NOT USE THIS FORM IF YOU INTEND TO APPLY, OR HAVE ALREADY APPLIED, THROUGH UNIVERSITIES AND COLLEGES ADMISSIONS SERVICE (UCAS) FOR ENTRY TO ANY OTHER UK HIGHER EDUCATION THIS CURRENT CYCLE.

RETURN TO: ADMISSIONS OFFICE (INTERNATIONAL APPLICATIONS), UNIVERSITY OF THE WEST OF SCOTLAND, PAISLEY CAMPUS, PAISLEY PA1 2BE, SCOTLAND, UK.

1. PERSONAL DETAILS

Surname/Family name:		
First name:	Middle name(s):	
Title (Mr/Mrs/Ms/Miss/Other):	i indute flame (3).	
Gender (tick appropriate box): Male Female		
Date of birth (D D / M M / Y Y Y Y)		
Home phone:	Correspondence phone:	
Email address:	Correspondence phone.	
Previous surname/family name:		
<u> </u>		
Home address:		
Postcode:	Country:	
Country of birth:	Nationality:	
Passport number:	Passport issue date: DD/MM/	YYYY
Passport expiry date: DD/MM/YYYY	Place of passport issue:	
UK entry date (if applicable):		
Correspondence address: (if different from home address)	valid from:	until:
Postcode:	Country:	
RESIDENTIAL CATEGORY (please tick)		
European Union	Other country	
Currently seeking asylum in UK	Refugee status	
2. PROGRAMME CHOICE If this section is not co	ompleted, it will delay the process:	ing of your application.
Course title:	UCAS code:	
Campus:	Point of entry (eg Year 1):	
Year of entry:		

FEE PAYER (Please circle appropriate letter)

01	Entire cost of fees is paid by private finance
04	Contribution from a Research Council
05	Contribution from the Department of Health or a Regional Health Authority
06	Overseas student award from UK Government or the British Council
07	Contribution from a training agency
08	Other UK Government award
09	Contribution from an overseas agency, government, university or industry
10	Contribution from UK industry or commerce
90	Other source of finance
99	Not known

3. EDUCATION

School	. col	lege	or	univ	ersit	v ec	lucat	ion
5011001	,	icgc	٠.	u	C. 5. C	.,	ucuc	

Name & address of institution	from	to

Qualifications:

(Please enter all qualifications that you hold or are currently taking) Please enclose certified copies of your certificates and transcripts.

Subject	Awarding body	Level	Part-time/full-time	Date attained/ expected to attain	Grade/result

English Language Proficiency:

Title of test	Date attained/expected to attain	Grade/result

4. FURTHER INFORMATION TO SUPPORT YOUR APPLICATION [a] Please state your reasons for applying for this programme and any further information relevant to your application:

[b] Please provide details of the person who will be able to provide an academic reference for you.

Please note that it is your responsibility to arrange for the provision of a reference.

Name:

Title:

Address:

Telephone number:

Fax number:

Email:

Occupation/relationship:

5. DISABILITY DISCLOSURE (please circle the appro	priate cha	racter)	
No known disability	00	Mental health condition, such as depression,	
Two or more impairments and/or		schizophrenia or anxiety disorder	55
disabling medical conditions		Physical impairment or mobility issues, such as using arms or using a wheelchair or crutches	56
Specific Learning Difficulty e.g. Dyslexia, dyspraxia or AD(H)D	51	Deaf or serious hearing impairment	50 57
Social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	F2	Blind or a serious visual impairment uncorrected by glasses	57 58
Long standing illness or health condition such as cancer, HIV,	53	A disability, impairment or medical condition	56
diabetes, chronic heart disease, or epilepsy	54	that is not listed above	96
Please provide details of any special or extra facilities or support yo	u may require	e below:	
6. CRIMINAL CONVICTIONS (see notes)			
If you have a criminal conviction, as described in the notes, ente	r X here:		
7. DECLARATION			
I confirm that the information given on this form is true, compleinformation has been omitted. I give my consent to the processi information provided is subsequently found to be false, I accept I understand that the information I have provided will be transmoffer at University of the West of Scotland.	ng of my dat that the Uni	a by University of the West of Scotland. If any versity has the right to cancel my application.	
Applicant's signature:			
Date:			
			_

Personal data provided on your application form will be entered onto the University's computerised record system. This data will, at all times, be used strictly in accordance with the principles laid down by the Data Protection Act (1998). You have the right to cancel this application within 10 working days from date of submission. If you do cancel your application you will not be able to apply again during this application cycle

Information for applicants

NB: This application form is available electronically and in other formats if required. See www.uws.ac.uk for details.

Further information is also available in the undergraduate prospectus and on the University website **www.uws.ac.uk**

IMPORTANT NOTE:

Please ensure you complete and return Section 8 of this form.

This part will be detached from your main application form prior to referral to an admissions officer.

SECTION 1

We need details of previous names to make sure we do not create new records for a person whose details are already held on our systems. We may need a copy of documentary evidence of a change of name (you will be asked for this if necessary). If you would like University correspondence to go to an address other than your permanent address please indicate this in the "Correspondence Address" section. This is the address that will appear on any letters and they will be sent to this address.

SECTION 2

This information helps us to make sure we refer your application to the right person.

SECTION 3

Information about further/higher or professional qualifications already held enables the University to consider whether or not you meet any entry criteria that might apply. The information may also help to establish entitlement to credit towards the award for which you wish to study. Professional registration numbers and employment details are required in order to check entitlement to enter relevant courses. Please enclose certified photocopies of certificates. Originals may be required before you enrol. The information about the last educational institution you attended is required by the Higher Education Statistics Agency (HESA).

SECTION 5

This information is asked for in order that the University can contact you to discuss any support needs, or reasonable adjustments that may be required in relation to your disability, during your lifetime of study. You are advised to contact the relevant course leader or Enabling Support Team as soon as possible if you need support.

Ayr Campus – enablingsupport.ayr@uws.ac.uk Dumfries Campus – studentservicesdumfries@uws.ac.uk Hamilton Campus – enablingsupport.hamilton@uws.ac.uk Paisley Campus – enablingsupport.paisley@uws.ac.uk

This information is also required by the Higher Education Statistics Agency (HESA) and to ensure that the University complies with the Special Educational Needs and Disability Act 2001 (SENDA).

SECTION 6

Relevant criminal convictions are those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawful supplying of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. If you enter x in this box we will ask you for further information. If you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults you must tell us about any criminal convictions, including spent convictions and cautions (including verbal cautions). The University will send you the appropriate documents to fill in if necessary.

SECTION 8: ETHNICITY

Entered (inits and date):

The University recognises and values the benefits of a multicultural University, and is committed to ensuring that applicants are treated equally, irrespective of race, colour, nationality, ethnic or national origins. In order for the University to monitor the impact of policies you are invited to assist by providing details of your ethnic origin. This information will not be available to anyone making a decision on your application.

Surname	e/family name:
	ne:
	f the following best describes your ethnic origin? rcle the appropriate number in the list below:
10	_White
14	_Irish Traveller
21	_Black or Black British - Caribbean
22	_Black or Black British - African
29	Other Black background
31	_Asian or Asian British - Indian
32	_Asian or Asian British - Pakistani
33	_Asian or Asian British - Bangladeshi
34	_Chinese
39	Other Asian background
41	Mixed - White and Black Caribbean
42	Mixed - White and Black African
43	_Mixed - White and Asian
49	Other Mixed background
80	Other Ethnic background
90	_Not known
For office	e use:
Banner	D number:

APPLICATION FORM (NOTES)

Please complete the information request overleaf and return with your completed application form.

RETURNING YOUR COMPLETED APPLICATION FORM

Admissions Office (International Applications)

University of the West of Scotland

Paisley Campus

Paisley PA1 2BE

Scotland, UK