

Application Form Solely for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses. Please read the accompanying Notes for Guidance before completing this form										Application Ref No:					(For Institution use only)																									
Please read the Please comple	te all	sec	ions	of t	his fo	orn	n an	d re	eturr	n to	:			·				si	ty o	of Bo	lto	on, C	Dea	ne	Ro	ad	, B	olt	ton	В	L3	5A	В							
1 Title/Nam	ne/Ad	ldre	ess				Ti	tle																																
Surname/ Family Name																																								
First/given name(s)																																								
Postal Address line 1	Home Address (if different) line 1																																							
Address line 2																						Address line 2																		
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Mobile Number	Tel:					ľ	Т			Г						Τ		Τ	T	Home		ontact	Tel			H	Ť	Ť		Τ	T			T						
email	The University will correspond with you electronically: Please enter your e-mail address in block capitals																																							
2 Further D	2 Further Details																																							
Your age on 30 September in year of entry Years																																								
Details of co	ourse	e(s)	for	wh	ich	yo	u w	/isl	ı to	a	plg	y .																												
3 Month and	d year	r in	whic	h y	ou w	ish	ı to	sta	rt		N		VI	/	1 Y	7 1	Y	Y	Y			of Pa able	artn	er C	olle	ge:														
Course Title							Mode of study: full tim sandwich/part-time/ other Please specify				of		Ye	age: ie OFFICE ar 1 ar 2			US	USE ONLY																						
Please indicate how you heard of these courses.																																								
Have you pre	Have you previously studied at the University of Bolton?																																							
Dates Attende	ed							С	ours	e :	Stu	die	d									Student Number (if known)																		
From		То																																						
From		То																																						

Name and address within the last ten y		ed,	Froi Month	m Year	T Month	o Year		T or PT						
5 Formal qualification Summary of qualification Please tick and en Ple	Scottish Hi Irish Higher Welsh Back I.B. IELTS - Ot Applicants Courses M GCSE Mai GCSE Eng If you have Apprentices	for Post IUST states the grade glish grade	C & abo le C & ab ted a Moo	ove ove dern		First Description Postgription Other	HND lation Degree Degree raduate Cert. UK Qualificat	ions - pl						
5a Examinations/Assessments: Applicants should write all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by BTEC or SCOTVEC - please attach transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary. Applicants who wish to be considered for accreditation of prior learning please complete this section in full.														
State Level, eg GCSE, Diploma, A/AS/VCE, HND, degree or professional			omponent	Date Month Year			Pla	ce of study		Result (grade bands	es or	CATS points (if applicable)		
qualifications														
											I _			
6 WORK EXPERIENCE Names and addresses			a separate s	heet if ned	cessary.		Job title & nat	ure of work	Month	om Year	Month	o Year	PT/ FT	
										l				

7	ADDITIONAL LEARNING												
	SUPPORT required as a consequence of any												
	condition stated in section 2.												
Α	pplicants for Health/Nur	sing related courses please enter NMC PIN number:											
8	8 PERSONAL STATEMENT Health/Nursing CPD applicants see guidance booklet												
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-		: Do you have any criminal convictions? See guidance notes YES NO											
10	I undertake to be bound by	that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. the University's terms and conditions and I give my consent to the processing of my data by the University. I accept that, if I do not fully comply a University of Bolton shall have the right to cancel my application and I shall have no claim against the University of Bolton in relation thereto.											
	Please sign and retu	urn this form to: Id Admissions, University of Bolton, Deane Road, Bolton BL3 5AB.											
	Necialinent an	ia Admissions, University of Bolton, Beane Road, Bolton BLJ JAB.											
	Applicant's Signature	Date											

44 DEFEDENCE			
11 REFERENCE			
Applicants for Teaching in Post Compuls reference in this section of the form, and	sory Education, MEd and BA Education please a d forward the completed application to us.	isk one of your referees, detailed in section	n 12, to supply a
Applicants for Health and Nursing CPD	courses do not complete this section, but move to	to section 12.	
confirm the applicants acceptance by sign	th one of our partner colleges must hand the cor gning below.	mpleted form to the Centre Leader who is	requested to
Name of referee / Centre Leader			
Post / Occupation / Relationship			
Name and address of school / college /	organisation		
Tel:	Fax:		
email:			
Name of applicant (block capitals	or type)		
Peferee's / Centre Leader's Sig	gnature:		
_			
Date:			
12 Only to be completed by any	plicants for teaching in Post Compulsor	ry Education MEd and BA Educati	on courses Nursing courses
(Please give as referees two p	persons who are able to speak of your aca		
	ants see guidance booklet		
		2.	
email Address		email Address	
emaii Audress		email Audress	
Tel No.	Fax No.	Tel No.	Fax No.