



Application Form

Please complete in BLOCK CAPITAL

FOR UNIVERSITY USE ONLY			
QLS Applicant No.		QLS AoS Code:	
Decision:	Interview		Date:
	Reject		Conditions of Offer:
	Offer		
Signed: [Admissions Tutor/Course Director]			

Please return to:
 Birmingham City University, City North Campus, International Office,
 3rd Floor, Baker Building, Perry Barr, Birmingham B42 2SU

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

1. Course Details

Course Title: _____

Proposed Start Date: _____ Full-time Part-time

Proposed Year/Level of Entry: Year 1 Year 2 Year 3

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc: _____ Gender: Male Female Date of Birth:

DAY	MONTH	YEAR

First Name(s): _____

Maiden or any other name(s) that you have been known by: _____

Surname/Family Name: _____

Permanent Address: _____

Post Code: _____

Correspondence Address: (if different) _____

Daytime Telephone: _____

E-mail Address: _____

Nationality: _____ If not born in the UK please state date of arrival to UK: _____

Area of permanent residence: _____

If you are a member of a Professional Body, please give its Name and your Registration Number: _____

GEEBEE EDUCATION PVT. LTD.
HEAD OFFICE :

27, Vaswani Mansions, 5th Floor, Opp. K.C. College,
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Tel. : 91-22-43222333 Fax : 91-22-22854453
 Email : info@geebeeworld.com

Have you ever studied at Birmingham City University before? YES NO

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course. (please tick)

A	No disability.	
B	You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.	
C	You are blind or have a serious visual impairment uncorrected by glasses.	
D	You are deaf or have a serious hearing impairment.	
E	You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.	
F	You have a mental health condition, such as depression, schizophrenia or anxiety disorder.	
G	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.	
H	You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.	
I	You have a disability, impairment or medical condition that is not listed above.	
J	You have two or more impairments and/or disabling medical conditions.	

Have you ever been in Care? YES NO Do not want to disclose

