

<p>Please use BLOCK CAPITALS throughout</p> <p>PERSONAL DETAILS</p> <p>Title Dr/Mr/Mrs/Miss/Ms: _____</p> <p>Surname/Family name: _____</p> <p>Forenames: _____</p> <p>Correspondence Address: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>GEEBEE EDUCATION PVT. LTD. HEAD OFFICE : 27, Vaswani Mansions, 5th Floor, Opp. K.C. College, Dinshaw Vachha Road, Churchgate, Mumbai-400 020. India Tel. : 91-22-43222333 Fax : 91-22-22854453 Email : info@geebeeworld.com</p> </div> <p>Fax No: _____</p> <p>Email Address: _____</p> <p>Home Address: (if different from above) _____ _____ _____</p> <p style="text-align: right;">Post Code: _____</p> <p>Tel No: (please include international code if applicable) _____</p> <p>Mobile No: _____</p>	<p>APPLICATION NO: _____</p> <p>APPLICATION FOR ADMISSION TO: (Please tick as appropriate)</p> <p><input type="checkbox"/> POSTGRADUATE PROGRAMME</p> <p><input type="checkbox"/> UNDERGRADUATE PROGRAMME</p> <p>MODE OF STUDY:</p> <p><input type="checkbox"/> FULL TIME</p> <p><input type="checkbox"/> PART-TIME</p> <p><input type="checkbox"/> DISTANCE/OPEN LEARNING</p> <p>ACCREDITATION OF PRIOR LEARNING</p> <p><input type="checkbox"/> DO YOU WISH TO APPLY FOR APL? (Please tick box if YES)</p> <p>Date of Birth: Day Month Year _____</p> <p>Nationality: _____</p> <p>Area of permanent residence: _____</p> <p>Country of birth: _____</p> <p>If you were born outside the UK, but now live in the UK, please give date when you began living here permanently. _____</p>
<p>1 FIRST PROGRAMME CHOICE</p> <p>a) i) Title of programme: ii) Intended Award eg BA, PG Diploma etc:</p> <p>b) Intended start date:</p> <p>c) Is this application for first year entry of course? If NO please specify year:</p> <p style="text-align: center;">COMBINED SUBJECT PROGRAMMES ONLY</p> <p>d) i) Subjects to be studied: ii) Alternative choice of subjects:</p> <p style="text-align: center;">FOR PG CAMS ONLY Name of Programme Leader (see prospectus):</p>	<p>Do you have any disabilities or special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give brief details:</p> <p>Do you have any unspent* criminal convictions, excluding motoring offences? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>*If you are applying for a course in teaching, health, social work or a course which involves working with children or vulnerable adults, you must tell us about any criminal convictions, including spent sentences and cautions (including verbal cautions) and bindover orders. For these courses you may need an 'enhanced disclosure document' from the Criminal Records Bureau or the Scottish Criminal Record Office Disclosure Service.</p> <p>If you have any criminal convictions to declare, please send details on a separate sheet of paper.</p>
<p>2 ALTERNATIVE PROGRAMME CHOICE (if appropriate): Subject choice (if appropriate):</p>	

ACADEMIC/PROFESSIONAL/VOCATIONAL QUALIFICATIONS

- 3 a) **All examinations or assessments for which results are known**
 (Applicants with no formal qualifications, please complete Sections 4 and 5)

Award Date Month Year		Name of Establishment	Awarding Body	Subject/unit/module/component	Level	Result/grade/score or band

- 3 b) **Examinations or assessments to be completed, or results pending**

Award Date Month Year		Name of Establishment	Awarding Body	Subject/unit/module/component	Level	Title of examination

Is English your first language? Yes No

If NO state English language qualification eg TOEFL/IELTS or equivalent:

- 3 c) **Please detail membership of any professional bodies eg Institute of Personnel Management (IPM), Chartered Institute of Management Accountants (CIMA) etc**

- 4 **WORK HISTORY** - State in date order (most recent first) details of your work history, paid or unpaid, which you believe relevant to your application

Position	Dates From	To	Brief description of responsibilities

If you are currently in employment and applying for a course please supply name and address of sponsor if applicable.

Name:

Position:

Address

- 5 **STATEMENT IN SUPPORT OF YOUR APPLICATION.** You are invited to use this opportunity to provide information in support of your application including previous areas of study, areas of research, reasons for applying for this programme and how you would benefit from it. You may also include non-academic aspects of your experience, including hobbies/interests, participation in any clubs/societies, voluntary community work, parenting etc.

(a continuation sheet can be used)

I declare that, to the best of my knowledge, the information given in this form is correct. I give my consent to the processing of my data by the University of Derby.

Signature: _____ Date: _____

NOTE: Applicants should now forward this completed form, including transcripts of completed courses to their Referee for completion (if applicable), with a stamped envelope addressed to the Admissions Officer at the campus your course is based at (see page 4 for campus details.)

6 **REFERENCE** (This is required for all courses, unless otherwise stipulated. For those who have been in continuous education this would normally come from your FE/HE course tutor etc.)

Name of Referee: _____ Telephone number: _____

Position/Occupation: _____

Name and address of school/FE/HE Institution/Employer: _____

When you write personal comments about an applicant, please remember that under the Data Protection Act, the applicant can ask for a copy of the reference and other personal information that we have about them.

Signature: _____ Date: _____

Please now forward your application form to the relevant Admissions Office:

For courses based in Derby, forward to the Admissions Officer, University of Derby, Kedleston Road, Derby DE22 1GB

For courses based in Buxton, forward to the Admissions Officer, University of Derby Buxton, 1 Devonshire Road, Buxton, Derbyshire SK17 6RY