

Application Form

1. Course

Please tick the course you wish to apply for:

BA (Hons) Business & Management
with Foundation Year

BSc (Hons) Health & Social Care
with Foundation Year

MA International Business

MSC Health & Well Being

2. Year of Entry

2024 2025 2026

3. Student information

Title: First Name(s)..... Last Name(s):

Nationality: Ethnicity..... Date of Birth:/...../..... NI.....

Home Address:

Post Code: Residency status.....

Telephone: Mobile:

Email: First Language:

Passport Number: Marital Status: Male Female

4. Next of kin / Parent / Guardian information (please delete as applicable)

Title: First Name(s) Last Name(s):

Home address (if different from above):

..... Post Code:

Telephone (Home): Telephone (Work):

Email: Mobile:

Education level from your parents.....

5. Student's level of English (if not native English speaker)

Number of years studying English: _____

Current level of English: Elementary Intermediate Upper Intermediate Advanced

6. Student's level of Mathematics

Number of years studying Mathematics _____

Current level of Mathematics: Elementary Intermediate Upper Intermediate Advanced

7. Education Please give details of schools you have attended in the past three years

School name	School address	Dates attended
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8. Education (Continued)

Current school year or stage of education:

May we contact your current school for a reference? Yes No

Name and full address of referee (this will normally be the Head/Principal)

9. Employer information

Employer Name.....

Job Title Employer Address.....

Telephone..... Email Address

Full Time Part Time Working days/hrs.

10. Fee Structure

Home / EU students International students **Payment Plan:** Pay in Full Instalments Funding

11. How did you hear about us?

Friend/family recommendation School recommendation Advertisement Internet Agency

Agency / Agent / Referral Name: Agency / Agent / Referral Contact Detail:

Other (Please specify):

12. Additional Information:

Do you have any learning difficulties and/or disabilities and/or health problems? Yes No

If yes, please provide detail:

Do you have any criminal Convictions? Yes No

If yes, please provide detail:

13. Declaration

I have enclosed the following:

- Proof of ID**
- Proof of Address (Utility bill etc.)**
- Proof of National insurance Number**
- Copies of any qualification**

I confirm that all information and documents provided by myself are true and accurate to the best of my knowledge and I make this statutory declaration consciously believing the same to be true by virtue of the provisions of the statutory declaration act 1835.

I hereby also grant Scholars School System the authority to seek information about me from the individuals or organizations to verify any information about this application.

I also confirm that if I cancelled my application for study / SLC / SFE after 14 days of approval I will be responsible for repayment of any fees. I have read and agreed to abide by the terms of this agreement and the regulations, policies and procedures set forth in this form.

I understand that this application does not guarantee a place at the Scholars School. If the Scholars School decides to proceed with this application the student will be assessed and interviewed.

Learner Signature: Name in full: Date:

(Office use only)

Authorized officer Signature: Name in full: Date.....

