

London Metropolitan University

Direct Application Form

(for Postgraduate, Professional, Undergraduate Part-Time and Distance Learning Courses starting in September and for all courses starting in February)



Application No. (Office use only)

Please complete this application form in BLOCK CAPITALS and in black ink

This form is available on other formats. Please contact Admissions Office (see page 4) for details.

1. Personal Details

Title: Mr/Ms/Miss/Mrs etc: _____

Surname/Family Name: _____

Previous surname: _____

First Name(s): _____

Home Address: _____

Postcode: _____

Telephone Number: (including STD Code): _____

Day: _____ Evening: _____

Fax Number: _____

Email: _____

Correspondence Address (if different): _____

Postcode: _____

Sex: Male Female

Date of Birth: Day: _____ Month: _____ Year: _____

2. Fee Status - To be completed in full by ALL Applicants

(i) Country of Birth: _____

(ii) Nationality (as on Passport): _____

(iii) Country of usual permanent residence: _____

(iv) Have you ever lived outside (or were born outside) the European Union?

Yes No

(v) Applicants not born in the EU answer the following:

(a) Last date of entry to the EU excluding holidays?

Date: _____

(b) Have you applied for Refugee or Asylum status in the UK?

Yes No

(c) Have you been granted indefinite leave to remain in the UK?

Yes No

Date Permanent Residence granted: _____

(d) Is your stay in the UK for

(i) Education purposes, (i.e. a student visa) Yes No

(ii) Work (i.e. Work visa or Work permit) Yes No

3. Payment of Fees

Who is expected to pay your fees? (tick as appropriate)

Your Employer

Yourself/Relative

Other Sponsor Please specify: _____

Local Education Authority: _____

Do you have a Disability/Special Needs?

Yes No

If YES please tick appropriate box in Section 11

4. Full Title of Course to which you are applying

Course Title: _____ Undergraduate City campus

Postgraduate North campus

Full-time Part-time eve only Part-time day only Part-time day & eve Part-time weekend Distance Learning

Year of Entry: (if applicable)

Please state the month and year when you expect to start the Course.

Year 1 Year 2 Year 3 Year 4

Month: _____ Year: _____

Do not complete – OFFICE USE ONLY – Do not complete

Interview/Test required: Yes No

Interview: Date: _____ Time: _____ Location: _____

Interviewer: _____

Decision by Admission Tutor

Course Offered: _____

Unconditional Offer: Yes Basis of offer _____

Conditional Offer: Yes Basis of offer _____

The conditions of the offer are:

1. _____

2. _____

3. _____

Reject? Yes Course: _____

Reason(s) for rejection: _____

Signature: _____

Date: _____

8. Personal Statement – Continue on a separate sheet if required

You are advised to complete this section with particular care and as fully as possible. Continue on a separate sheet if required.

You should include:

- (i) Your reasons for choosing the award/course.
- (ii) The knowledge, skills and positions of responsibility you have obtained through your work and/or education (whether paid, voluntary or domestic) which might be relevant to the award/course.
- (iii) The work experiences and/or personal developments which have been most important to you.
- (iv) The challenges facing you in your studies, work or personal career development.
- (v) Your future career plans.

9. Criminal Convictions

Do you have any criminal convictions? YES NO

If yes, please attach details about your offence and conviction, including dates and court convicted at.

For Teaching/Health & Social Work programmes any criminal conviction including spent sentences and cautions must be declared. For further guidance contact the Admissions Office.

10. Name and Address of Referee(s)

1. Indicate below the two referees to whom you have sent the enclosed reference forms:
2. Please try to supply:
 - (i) One academic reference from your most recent place of study eg. School, College or University
 - (ii) A reference from your present/recent employer.
3. We will NOT normally request references from your referees. It is **your responsibility** to ensure that all references are forwarded to the Admissions Office, London Metropolitan University. This includes references from London Metropolitan University tutors.

REFEREE 1

Name:
Post Held:
Telephone No:
Email:

REFEREE 2

Name:
Post Held:
Telephone No:
Email:

11. Disability/Special Needs – Please tick the appropriate box:

The University encourages you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- | | | | | | |
|----------------------------|--------------------------|--|--------------------------|--------------------------------|--------------------------|
| 0. No Disability | <input type="checkbox"/> | 4. Wheelchair User/Mobility Difficulties | <input type="checkbox"/> | 8. Multiple Disabilities | <input type="checkbox"/> |
| 1. Dyslexia | <input type="checkbox"/> | 5. Personal Care Support | <input type="checkbox"/> | 9. Disability not listed above | <input type="checkbox"/> |
| 2. Blind/Partially Sighted | <input type="checkbox"/> | 6. Mental Health Difficulties | <input type="checkbox"/> | 10. Autistic Spectrum | <input type="checkbox"/> |
| 3. Deaf/Hearing Impairment | <input type="checkbox"/> | 7. Unseen Disability | <input type="checkbox"/> | | |

If disabled, please provide brief details:

12. Ethnicity Monitoring

The University is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background.

- A. White British Irish Any other White background (specify) _____
- B. Mixed White and Black Caribbean White and Black African White and Asian
Any other Mixed background (specify) _____
- C. Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background (specify) _____
- D. Black or Black British Caribbean African Any other Black background (specify) _____
- E. Chinese or other ethnic group Chinese Any other (specify) _____

13. Distance Learning Applicants ONLY

Please state the country/city where you intend to study: _____ City _____ Country _____

14. Previous Study at London Metropolitan University or Predecessors

Have you previously studied at London Metropolitan University? Yes No

If YES please state your old Student ID Number (if known) _____

15. How did you hear about the course at London Metropolitan University?

We would be grateful if you could indicate below how you heard about the course you have applied for. This will enable us to plan further publicity more effectively.

16. Data Protection Act (1998)

The Data Protection Act (1998) does not permit us to give information about an application to any person other than to the person who made the application.

17. Declaration

If you have completed this form for yourself, please sign and date the declaration below: I declare that the information given is true in all respects

Signature of Applicant: _____

Date: _____

If you have completed this form on behalf of an applicant, **who has a disability that prevents them from completing the form personally**, sign your name and clearly state your relationship to the applicant. I declare that the information given is true in all respects.

Signed on behalf of : _____

Date: _____

Print name: _____

Relationship: _____

CHECKLIST

- Have you:
1. Completed the application form in full.
 2. Attached copies of transcripts/certificates of your qualifications. **Failure to do so may delay a decision on your application. (Do NOT send original certificates).**
 3. Sent Reference Request Forms for completion to two referees.

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

Admissions Office
London Metropolitan University
166-220 Holloway Road
London N7 8DB

UNDERGRADUATE APPLICATIONS: FROM UK AND EUROPEAN UNION:
Telephone: 020 7133 4200 (+44 20 7133 4200)
Fax: 020 7133 2678 (+44 20 7133 2678)
INTERNATIONAL, POSTGRADUATE AND PROFESSIONAL APPLICANTS:
Telephone: 020 7133 4202 (+44 20 7133 4202)
Fax: 020 7133 2677 (+44 20 7133 2677)
www.londonmet.ac.uk/admissions

Important Notes and Standard Conditions Regarding Your Application



Information for disabled applicants and those with long-term medical conditions

The University welcomes applicants with disabilities and will be happy to consider requests for reasonable adjustments to be put in place for any interviews or pre-entry tests etc. Reasonable adjustments may include arranging sign language interpreters or modified test papers, allowing extra time to complete required pre-entry tests or providing an amanuensis.

In order for such arrangements to be put in place for you, we will require evidence of your disability in advance of the adjustment being put in place. The standard of evidence required is detailed on our Disabilities & Dyslexia Service's website at the following address:

<http://www.londonmet.ac.uk/student-services/dyslexia-disabilities/>

Please visit this website as it provides important information for applicants relating to the Disabled Students' Allowances, which are mandatory government grants available to Home students who meet the eligibility requirements. These grants are used to fund disability-related support. The application process is extremely lengthy and we would advise you to apply immediately. The Disabilities & Dyslexia Service will be happy to assist you in making this application.

The University will also offer International and European Union students' reasonable adjustments to those who are eligible.

All information received will be treated confidentially and used to ensure that you are sufficiently supported throughout the application process and, if you are offered a place, on your chosen course of study.

Some courses have specific requirements which you need to address. Please check the list below to ensure that your application is completed fully and correctly for the course you are applying for.

Common Professional Examination(CPE)/Diploma in Law

1. If you have exemptions in some subjects from the joint Academic Stage Board, please indicate which subjects you wish to study on the GDL/CPE.

Graduate Conversion Certificate/Diploma in Psychology

1. If you are requesting exemptions please enclose full details of psychology studied at degree level (syllabuses or equivalent). For each course/unit indicate both the year in which it was studied (1st, 2nd etc) and the proportion of the year that the course unit occupied (eg 1/10, 1/8, 1/3 etc).

Professional Doctorate in Counselling Psychology

For this course you must answer each of the following questions in your personal statement, section 8:

1. What experience have you had relevant to your application for postgraduate training in psychological counselling?
2. Why would you like to do this course? What are you hoping to gain from it?
3. What events or circumstances in your own life do you feel endear you to the practice of counselling psychology?
4. What opportunities do you currently have to practice counselling either as part of your paid employment or as a voluntary worker? If none please indicate what opportunities you might be able to develop in this area.
5. Have you been on any training courses or workshops in Counselling Psychology or a related field? If so please provide details.
6. Have you ever had personal psychological counselling or therapy? If 'Yes' would you be prepared, if asked by selection tutors at interview to discuss the circumstances that led you to seek counselling? Such discussion would be regarded as strictly confidential.
7. Briefly describe your personal strengths and limitations/weaknesses as they relate to your ambition to study counselling psychology.
8. What changes do you envisage in your personal life as a consequence of studying this course, should your application prove successful?

MA Audio Visual Production

1. If you are applying for the MA Audio Visual Production, you must address the following issues in the personal statement section of the form:
 - The proposed programme of postgraduate work (to include references to its relationship to previous audio visual work that you have undertaken and to your background).
 - You should also state your main aims and objectives for the project(s) detailed under point 2 and include a production plan for your proposed project. This should include logistical information, such as time needed to develop and complete the project; resources you might be able to bring to the project; budget needed and any other supporting materials.
2. Main area of thematic and genre interest. You may choose up to two headings from the following, which should be ranked in order of preference: Documentary; Fiction; Experimental; or Other. For each of the areas you choose, you must provide a proposed programme of work and a proposed title for your prospective final project.
3. APL/APEL and main professional interests. You should expand on your prior experiential or certified learning and set out your main professional aspirations and career interests after completion of the MA. Please indicate for each of the fields listed below whether you have prior experience in the field or if it is a new area of interest. You should also indicate which field you wish to study as your main specialist area. The fields are as follows: Camera Work; Directing; Editing; Lighting; Producing; Production Art Design; Sound; Writing.

Reference Request for Study at London Metropolitan University



Applicant: Please complete this side of Reference Form

To: Name of Referee _____
Address of Referee _____

_____ Post Code _____

Dear Referee

The person named in the panel below is applying for entry to study at London Metropolitan University. The applicant would like you to support his/her application and has sent this form directly to you. London Metropolitan University has adopted this procedure in an attempt to reduce any delays with the applications we receive. We would be very grateful if you would let us have, on the reverse of this sheet or in a separate letter (attached to this sheet), your opinion of this applicant. You may find it convenient to refer to the numbered questions overleaf.

It is possible that the applicant may request access to your reference at some point in the future. Under the terms of the Data Protection Act 1998 this access may only be granted with your explicit permission. If you do NOT wish the applicant to have sight of the reference, please check this box:

Please return this form with your comments, within 14 days, to:

Admissions Office
London Metropolitan University
166-220 Holloway Road
London N7 8DB

Please accept my thanks in advance.

Yours faithfully

The Admissions Team

DETAILS OF APPLICANT

Applicant's Surname/Family's Name

Applicant's Name

Applicant's Address

Applicant's daytime telephone number

Applicant's email address

Date of Birth

Course applied for

Confidential Statement by Referee

Name of Referee: _____

Position/Occupation/Connection with Applicant: _____

Address of Referee _____

_____ Post Code: _____

Telephone No.: _____ Fax No.: _____

It would be helpful if the following information about the applicant could be covered in your statement below:

- (i) Motivation and commitment
- (ii) Intellectual qualities including present and potential performance
- (iii) Personal qualities, including self-discipline
- (iv) Ability to organise his/her own time
- (v) Communication skills – oral and written
- (vi) Any other comments which you feel may be relevant to the candidate's application

Statement by Referee – Please affix official stamp, where appropriate, at the end of the statement

Signed: _____ Date: _____