

Please complete using CAPITAL letters and attach a passport-sized photograph signed by Training/Line Manager. Please return the form to the address above.

Title of module

Have you attended the University of Greenwich before Yes/No
 If Yes please state ID Number if known

Intake April / October
 Please delete as appropriate

PROGRAMME P 12556

PERSONAL DETAILS

Title Mr Mrs			
Miss Ms	Personal (first) name	Middle name	Surname (family name)

Address	Home Tel No:
	Mobile phone:
	E-mail:
Post code	

Date of Birth	Sex	Male	Female	Nationality
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Ethnic Origin

Country of Birth

Please use Codes below

- | | | | |
|----------------|-------------------------------|----------------------------|-------------------------------|
| White | Asian or Asian British | Mixed | Black or Black British |
| 11 British | 31 Indian | 41 White & Black Caribbean | 21 Caribbean |
| 12 Irish | 32 Pakistani | 42 White & Black African | 22 African |
| 19 Other white | 33 Bangladeshi | 43 White & Asian | 29 Other black |
| | 34 Chinese | 49 Other mixed | |
| | 39 Other Asian | | |

80 other ethnic background
 if you have used **any** Other ethnic background
 ie: codes 19, 29, 39 or 80 please describe your ethnic background in the space above

Disability

If you have a disability please indicate using one of the codes shown below

- | | | | |
|---|----------------------------|------------------------------|---------------------------|
| 0 No disability | 1 Dyslexia | 2 Blind/partially sighted | 3 Deaf/hearing Impairment |
| 4 Wheelchair user/Mobility difficulties | 5 Personal care support | 6 Mental health difficulties | |
| 7 Unseen disability (eg: epilepsy) | 8 Two or more of the above | | |

9 Disability not listed above Please give details

QUALIFICATIONS ALREADY HELD

Degree or equivalent

Award	Classification	Title	Date of award	Where studied

EMPLOYMENT DETAILS

Name of employer
Your job title
Department/section

Employer's address
Work phone number

TRAINING MANAGER APPROVAL

Name of training / line manager
I authorise this application and will support the student during their training module. I confirm that I have read the cancellation policy.
Signature _____ Date _____
Training / line manager email address

I will be self-funding Yes / No
Invoice to be addressed to:
I wish to claim IBMS discount Yes / No <i>Please attach copy of current IBMS membership card</i>

The student has the following holidays booked during the module

STUDENT DECLARATION

Declaration: I confirm that the information shown on this form is accurate and complete, that I accept the offer of a place on the programme shown over, and I agree to abide by the University's regulations. I confirm that I have read the cancellation policy.
Signed (student) _____ Date _____

FOR UNIVERSITY USE

Accept student	Yes	No
Issue University offer letter	Yes	No
Signed	Date	

Fee status WILL BE INVOICED SEPARATELY	
Home	Overseas
Signed	Date

Form input	Date
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