

*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
Ethnic Origin	Country of Birth			

*Please use Codes below*

- |                |                               |                            |                               |
|----------------|-------------------------------|----------------------------|-------------------------------|
| <b>White</b>   | <b>Asian or Asian British</b> | <b>Mixed</b>               | <b>Black or Black British</b> |
| 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

**Data Protection Act 1998** – Application information is recorded electronically and is held indefinitely. The data is used to enable your application to be processed, to compile statistics, and to enable the University to provide you with information about its services.

**Declaration:** I confirm that the information shown on this form is accurate and complete, and that I accept the offer of a place on the programme shown over. I confirm that I have read the Data Protection statement and 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