

APPLICATION FORM



CARE INTERNATIONAL ACADEMY

223-229 Rye Lane, Peckham, London SE15 4TZ

Tel: 0207 732 2922, 0207 635 0001

E- Mail: info@ciacademy.ac

Web: www.ciacademy.ac

SECTION 1: PERSONAL DETAILS:	
Title: Mr/Ms/Miss/Mrs/Others:	
Surname/Family name:	
First name(s)	
Correspondence Address:	
Country:	Postcode:
Telephone No:	
Mobile No:	
E-mail:	
Home address (if different):	
Country:	Postcode:
Sex: Male Female	
DOB://(DD/MM/YY)	

SECTION 2: NEXT OF KIN:	
Name:	Emergency Contact Name:
Address	Address:
Tel:	Tel:
Relationship:	Relationship:

SECTION 3: DO YOU HAVE DISABILITY?	SECTION 4: CRIMINAL CONVICTIONS:
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Do you have a criminal convictions?
Specify(If Yes)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Specify (If Yes)

SECTION 5: CHOICES OF STUDIES:			
Title of Course	Start Date	Year of Entry	Course code
Choice 1:			
Choice 2:			

SECTION 6: ENGLISH LANGUAGE:	SECTION 7: RESIDENTIAL STATUS:	
If your first language is NOT English, please give your: IELTS Overall..... TOFEL Others..... RESULT/EXPECT FOR TEST RESULT Date.....	Country of birth:	
	Nationality (as on passport):	
	Passport No:	Visa Expiry Date:
	First Arrival Date in the UK:	

SECTION 8: UK EDUCATION QUALIFICATION:				(Please state most recent first and attached copies of certificates transcripts)	
From - To (Month/Year)	Institutions Name and Address	Degree/Dip/Cert GNVQ/A Level	Subject	Awarded /Exp. Date	Grade

SECTION 9: OVERSEAS EDUCATION QUALIFICATION:				(Please state most recent first and attached copies of certificates transcripts)	
From - To (Month/Year)	Institutions Name and Address	Degree/Dip/Cert GNVQ/A Level	Subject	Awarded /Exp. Date	Grade

SECTION 10: HOW DID YOU HEAR ABOUT THE COURSE AT CARE INTERNATIONAL ACADEMY:					
Please indicate how you heard about the course you have applied for. This will enable us to plan further publicity more effectively					
Family	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Internet	<input type="checkbox"/>
		Exhibition	<input type="checkbox"/>	Open day	<input type="checkbox"/>
Agent	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>		

SECTION 11: WHAT IS YOUR CAREER AMBITION?

--

SECTION 12: EMPLOYMENT HISTORY (IF ANY)

Company Name and Address	Job Description/Duties	Start Date	End Date

SECTION 13: CURRENT EMPLOYER CONTACT(S) DETAILS:

Name:	
Telephone Number:	
E-mail Address:	
Number of Employees:	
Employer Identifier (ERN):	

		Date of Employment:
Are you employed for 10 hours per week?		
Are you employed for 16-19 hours per week?		Length of Employment (Current)
Are you employed for more than 20 hours per week?		Length of Employment in industry:
Do you have a Fixed Term Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recognition of Prior Learning on above:
Do you have a Zero Hours Contract? (If yes, please supply copies of your timesheets for 4 consecutive weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	End Date of Fixed Term Contract:

--

SECTION 14: DECLARATION:

Bitmap Under the Data Protection Act 1998, the information you supply will be held in strict confidence for the purpose of ascertaining your suitability for your chosen course of study. In the event that you become a registered student with the UK Business College your data will form the basis of your student record. I confirm that the information given this form is correct and complete.

I understand that the UK Business College reserves the right to withdraw any offer or cancel a registration made on the basis of the information which proves to be false or misleading.

Printed name of applicant:

Signature of applicant:

Date:

CHECKLIST/DOCUMENTS REQUIRED:

Have you -

- 1. Completed the application form in full
- 2. Attached copies of transcripts/certificates of your qualifications
- 3. Attached documentary evidence of your settlement status in the UK or EU (if appropriate)
- 4. Copy of passport/Travel Document (Overseas application)
- 5. Evidence of National Insurance Number

Please return this completed application to:

The Admission Office:



223-229 Rye Lane, Peckham, London SE15 4TZ
Tel: 0207 732 2922, 0207 635 0001
E- Mail: info@ciacademy.ac
Web: www.ciacademy.ac