

LEICESTER INTERNATIONAL PATHWAY COLLEGE APPLICATION FORM

Please complete ALL sections of the following form clearly and accurately using **CAPITAL LETTERS**. If information is missing from your form, or we cannot read some of the sections we may not be able to process your application. Return your application to your local representative or directly to the Pathways Admissions Team at the address shown on page 5. Please tick boxes where appropriate. If you have any queries about completing this form, please contact one of our student advisors on + 44 (0)20 8312 8078 or email pathways@dmu.ac.uk. Alternatively you can book online at www.dmu.ac.uk/pathways

REPRESENTATIVES STAMP

1 PERSONAL DETAILS YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY

TITLE	
MR <input type="checkbox"/>	MRS <input type="checkbox"/> MS <input type="checkbox"/> OTHER <input type="text"/>
NATIONALITY	
<input type="text"/>	
FAMILY NAME	
<input type="text"/>	
FIRST NAME(S)	
<input type="text"/>	
DATE OF BIRTH (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>
GENDER	
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
NAME AS WRITTEN ON PASSPORT	
<input type="text"/>	
PASSPORT NUMBER	
<input type="text"/>	
PASSPORT EXPIRY DATE (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>
COUNTRY OF BIRTH:	
<input type="text"/>	
HOME ADDRESS	
<input type="text"/>	

CITY OR TOWN
<input type="text"/>
POST CODE
<input type="text"/>
COUNTRY
<input type="text"/>
HOME TELEPHONE
<input type="text"/>
MOBILE TELEPHONE
<input type="text"/>
EMAIL
<input type="text"/>
SKYPE ID
<input type="text"/>
CORRESPONDENCE ADDRESS IF DIFFERENT FROM HOME ADDRESS
<input type="text"/>
CITY OR TOWN
<input type="text"/>
POSTCODE
<input type="text"/>
COUNTRY
<input type="text"/>

2 PARENT/GUARDIAN OR SPONSOR DETAILS YOU MUST PROVIDE CONTACT DETAILS IN THE EVENT OF AN EMERGENCY

TITLE	
MR <input type="checkbox"/>	MRS <input type="checkbox"/> MS <input type="checkbox"/> OTHER <input type="text"/>
FAMILY NAME	
<input type="text"/>	
FIRST NAME(S)	
<input type="text"/>	
RELATIONSHIP TO STUDENT	
<input type="text"/>	
HOME ADDRESS	
<input type="text"/>	
CITY OR TOWN	
<input type="text"/>	

POST CODE
<input type="text"/>
COUNTRY
<input type="text"/>
HOME TELEPHONE
<input type="text"/>
MOBILE TELEPHONE
<input type="text"/>
EMAIL
<input type="text"/>

3 COURSE DETAILS PLEASE SELECT THE PATHWAY COURSE YOU WISH TO STUDY

INTERNATIONAL INCORPORATED BACHELOR'S STAGE ONE
INTERNATIONAL YEAR ZERO ☐

INTERNATIONAL INCORPORATED BACHELOR'S STAGE TWO
INTERNATIONAL YEAR ONE ☐

INTERNATIONAL INCORPORATED MASTERS ☐

PLEASE STATE THE PREFERRED PATHWAY COURSE START DATE

JUL 2017	<input type="checkbox"/>	JAN 2018	<input type="checkbox"/>	JUL 2018	<input type="checkbox"/>
AUG 2017	<input type="checkbox"/>	FEB 2018	<input type="checkbox"/>	AUG 2018	<input type="checkbox"/>
SEP 2017	<input type="checkbox"/>	APR 2018	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>
NOV 2017	<input type="checkbox"/>				

TITLE OF MAIN ACADEMIC DEGREE COURSE (AS IN PROSPECTUS)

PLEASE STATE THE MAIN ACADEMIC DEGREE COURSE START DATE

SEP 2017	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>	SEP 2019	<input type="checkbox"/>
JAN 2018	<input type="checkbox"/>	JAN 2019	<input type="checkbox"/>		

4 EDUCATION HISTORY PLEASE PROVIDE YOUR MOST RECENT EDUCATION HISTORY IN BOTH YOUR HOME COUNTRY AND IN THE UK (IF APPLICABLE)

NAME OF INSTITUTION	START DATE	END DATE	NAME OF QUALIFICATION GRANTED	GRADE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: All submitted transcripts and certificates must be certified and translated into English

5 IMMIGRATION TO BE COMPLETED BY NON-EUROPEAN STUDENTS/STUDENTS WHO REQUIRE A TIER 4 VISA ONLY

HAVE YOU PREVIOUSLY APPLIED FOR ANY VISA TO ENTER THE UK? IF YES, PLEASE COMPLETE THE FOLLOWING YES ☐ NO ☐

TYPE OF VISA APPLIED FOR (TIER 4, SHORT TERM, OTHER)

IF VISA WAS TIER 4, PLEASE STATE THE COURSE STUDIED

INSITUION NAME <input type="text"/>	DATES <input type="text"/>
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HAVE YOU EVER HAD A VISA REFUSED FOR THE UK? IF SO PLEASE PROVIDE DETAILS WITH YOUR APPLICATION YES ☐ NO ☐

6 ENGLISH PROFICIENCY YOU MUST PROVIDE EVIDENCE OF YOUR MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

IELTS <input type="checkbox"/>	OTHER <input type="text"/>
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COMPONENT SCORES (WHERE APPLICABLE)

DATE TAKEN	OVERALL SCORE	READING	WRITING	LISTENING	SPEAKING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU PLAN TO TAKE ANY OTHER ENGLISH LANGUAGE TEST(S) BEFORE STARTING YOUR PATHWAY COURSE? YES ☐ NO ☐

NAME OF EXAM <input type="text"/>	DATE DUE TO BE TAKEN <input type="text"/>
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IF YOU REQUIRE ADDITIONAL ENGLISH LANGUAGE SUPPORT, OXFORD INTERNATIONAL PROVIDES AN ENGLISH ACADEMIC PROGRAMME (EAP), PRIOR TO YOUR CHOSEN PATHWAY COURSE. IF YOU WISH TO ATTEND THIS, PLEASE TICK HERE ☐

7 PAYMENT OF TUITION FEES PLEASE STATE HOW YOU WILL BE FUNDING YOUR STUDIES

MYSELF

☐

MY PARENTS

☐

SPONSOR (PLEASE STATE)

All sponsored students must provide documentation on signed and stamped letter headed paper from your Sponsor.

8 INSURANCE

THE COST OF INSURANCE WILL AUTOMATICALLY BE ADDED TO YOUR INVOICE UNLESS YOU CAN PROVIDE PROOF OF ALTERNATIVE ADEQUATE COVER.

DO YOU REQUIRE INSURANCE?

YES

☐

NO

☐

IF NO, YOU MUST PROVIDE PROOF OF ALTERNATIVE ADEQUATE COVER WHEN YOU CONFIRM YOUR OFFER.

9 REPRESENTATION

ARE YOU APPLYING THROUGH AN AGENT OR EDUCATIONAL REPRESENTATIVE?

YES

☐

NO

☐

AGENT'S/EDUCATIONAL REPRESENTATIVE NAME

AGENT'S/EDUCATIONAL REPRESENTATIVE ADDRESS: (INCLUDING COUNTRY & POST CODE)

AGENT'S/EDUCATIONAL REPRESENTATIVE EMAIL ADDRESS

PLEASE TICK THE BOX TO GIVE CONSENT FOR THE AGENT TO ACT ON YOUR BEHALF REGARDING YOUR APPLICATION FOR ADMISSION TO LEICESTER INTERNATIONAL PATHWAY COLLEGE, DE MONTFORT UNIVERSITY AND TO CONFIRM THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

☐

THE AGENT WILL BE ACTING ON MY BEHALF AND NOT ON THE BEHALF OF DMU AND THUS UNABLE TO CONTRACT ON BEHALF OF, OR BIND, DMU. THE AGENT WILL HOLD AND PROCESS INFORMATION SOLELY FOR THE PURPOSE OF MY APPLICATION TO LEICESTER INTERNATIONAL PATHWAY COLLEGE, DMU AND ALL COMMUNICATIONS WILL BE SENT TO MY NOMINATED AGENT'S EMAIL ADDRESS. ANY NOTICE TO AMEND OR CANCEL THE AGENT MUST BE COMMUNICATED BY WRITING TO BOTH THE AGENT AND LIPC. A CHANGE OF AGENT FORM MUST BE COMPLETED AND RETURNED TO THE PATHWAYS ADMISSIONS OFFICE IF I CHOOSE TO CHANGE AGENT, AND WILL BE EFFECTIVE ONCE RECEIVED BY LEICESTER INTERNATIONAL PATHWAY COLLEGE, DMU.

10 SUPPORTING DISABILITY PLEASE TICK FROM THE LIST BELOW THE STATEMENT WHICH IS MOST APPROPRIATE TO YOU:

000 YOU DO NOT HAVE A DISABILITY, NOR ARE YOU AWARE OF ANY ADDITIONAL SUPPORT REQUIREMENTS

☐

010 YOU HAVE DYSLEXIA

☐

020 YOU ARE BLIND/PARTIALLY SIGHTED

☐

030 YOU ARE DEAF/HAVE A HEARING IMPAIRMENT

☐

040 YOU ARE A WHEELCHAIR USER/HAVE MOBILITY DIFFICULTIES

☐

070 YOU HAVE AN UNSEEN DISABILITY (E.G. DIABETES, EPILEPSY, ASTHMA)

☐

080 YOU HAVE TWO OR MORE OF THE ABOVE DIFFICULTIES/SPECIAL NEEDS

☐

090 YOU HAVE A DISABILITY NOT LISTED ABOVE (PLEASE GIVE DETAILS)

DOES YOUR DISABILITY MEAN THAT YOU HAVE ADDITIONAL SUPPORT NEEDS?

YES

☐

NO

☐

IF YES, WE WILL CONTACT YOU TO DETERMINE APPROPRIATE SUPPORT FOR YOU.

THE UNIVERSITY WELCOMES APPLICATIONS FROM DISABLED INTERNATIONAL STUDENTS AND WE ENCOURAGE YOU TO DECLARE YOUR DISABILITY AND YOUR SUPPORT NEEDS AS SOON AS POSSIBLE.

TELLING US ABOUT YOUR DISABILITY WILL NOT AFFECT YOUR SELECTION AS A STUDENT, BUT WILL ENABLE US TO WORK WITH YOU TO ASSESS YOUR NEEDS, PLAN YOUR STAY AT THE UNIVERSITY AND INFORM YOU TO WHAT EXTENT WE CAN MEET YOUR REQUIREMENTS.

WHEN YOU ARE THINKING ABOUT THE SUPPORT YOU WILL REQUIRE, PLEASE THINK CAREFULLY ABOUT THE INFORMAL HELP THAT YOU CURRENTLY GET FROM FAMILY AND FRIENDS, AND INCLUDE THIS IN YOUR FINANCIAL CALCULATIONS.

THE MORE INFORMATION YOU GIVE TO THE DISABILITY ADVICE AND SUPPORT THE CLEARER IDEA OF YOUR SUPPORT REQUIREMENTS WE WILL HAVE AND HOW WE CAN WORK WITH YOU TO ACCESS SUPPORT.

11 CRIMINAL CONVICTION

YOU MUST DECLARE IF YOU HAVE A RELEVANT CRIMINAL CONVICTION, INCLUDING VIOLENCE OR DRUG DEALING. IF YOU TICK THE YES BOX, THE UNIVERSITY WILL CONTACT YOU FOR FURTHER INFORMATION.

YES ☐ NO ☐

IF YOU DO NOT DECLARE A RELEVANT CRIMINAL CONVICTION, AND IT COMES TO LIGHT EITHER LATER IN THE APPLICATION PROCESS, OR WHEN ENROLLED AS A STUDENT THAT YOU HAVE A RELEVANT CRIMINAL CONVICTION, YOUR APPLICATION/STUDENT STATUS WILL BE REVIEWED AND YOUR PLACE MAY BE WITHDRAWN.

12 DECLARATION IF THE STUDENT IS UNDER 18, THIS MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN

BY SIGNING THIS DECLARATION, I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT AND ACCURATE. I UNDERSTAND THAT IF IT SHOULD BE DISCOVERED, HOWEVER BELATEDLY, THAT AN OFFER HAS BEEN MADE ON THE BASIS OF AN APPLICATION WHICH IS FOUND TO CONTAIN STATEMENTS THAT ARE FRAUDULENT, UNTRUE OR MISLEADING OXFORD INTERNATIONAL RESERVE THE RIGHT TO CANCEL APPLICATIONS AND WITHDRAW OFFERS.

I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS AVAILABLE HERE: [HTTP://WWW.DMU.AC.UK/DOCUMENTS/DLIPC/TERMS-CONDITIONS-FINAL-FEB-2017.PDF](http://www.dmu.ac.uk/documents/dlipc/terms-conditions-final-feb-2017.pdf)

THE DATA PROTECTION ACT 1998 PREVENTS ANY PERSON OR ORGANISATION FROM ACCESSING OR SHARING PERSONAL INFORMATION ON AN INDIVIDUAL WITHOUT THEIR EXPRESS PERMISSION. OXFORD INTERNATIONAL EDUCATION PARTNERSHIPS RELY ON THE ABILITY TO SHARE INFORMATION WITH OTHER PARTNER ORGANISATIONS INCLUDING THE UNIVERSITY AND POTENTIAL EMPLOYERS AND TRAINING PROVIDERS. I GIVE PERMISSION FOR INFORMATION TO BE SHARED WITH THIRD PARTY ORGANISATIONS FOR THE PURPOSES OF REFERRING MY APPLICATION AS A DIRECT STUDENT INTO THE UNIVERSITY, SECURING EMPLOYMENT OR TRAINING.

ANY SHARED INFORMATION WILL BE LIMITED TO THE MINIMUM REQUIRED TO PROVIDE BACKGROUND OF SKILLS, EXPERIENCE AND / OR QUALIFICATIONS IN ORDER TO SECURE EMPLOYMENT OR APPROPRIATE TRAINING.

SIGNED (STUDENT)

DATE SIGNED (DD/MM/YYYY)

 / /

SIGNED (PARENT/GUARDIAN)

DATE SIGNED (DD/MM/YYYY)

 / /

COMPLETED AN ACCURATE APPLICATION FORM

☐

ENCLOSED A COPY OF MY PASSPORT

☐

ENCLOSED FULL AND CERTIFIED FINAL CERTIFICATES (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS

☐

ENCLOSED FULL AND CERTIFIED TRANSCRIPTS (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS

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ENCLOSED MY MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

☐

ENCLOSED MY PORTFOLIO FOR MY CHOSEN ART & DESIGN PATHWAY COURSE (IF APPLICABLE)

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ENCLOSED A COPY OF MY PREVIOUS TIER 4 VISA AND DETAILS OF THE UK INSTITUTION (IF APPLICABLE)

☐

ENCLOSED A PERSONAL STATEMENT

☐

ENCLOSED REFERENCE(S)

☐

PLEASE SEND APPLICATIONS AND SUPPORTING DOCUMENTS DIRECTLY TO:

**OXFORD INTERNATIONAL HEAD OFFICE
PATHWAYS ADMISSIONS TEAM
259 GREENWICH HIGH ROAD
LONDON
SE10 8NB
UNITED KINGDOM**

E pathways@dmu.ac.uk

F +44 (0)20 8293 1199

