



Applicant's details

Surname: _____ **Name:** _____

Gender: Female Male Other

Home address:

Postcode:

Telephone: _____ **Mobile:** _____

Which course are you applying for?

CISC1003 Data Analytics**CISC1001 Cyber Security Applications**

SLC **Self-funded**

To whom should the invoice be sent (if other than applicant)?

Name

Address

Education

Relevant qualifications since the age of 16 (please send evidence with this application)

Institution attended	Examinations taken and qualifications obtained	Date started	Date completed	Grade

Supporting Statement

Please explain why you believe you should enter the course you have chosen.

Declaration

**I declare that, to the best of my knowledge, the information I have given above is correct in every detail.
If enrolled, I agree to abide by the regulations in force at the time.**

Applicant's signature

Date:

The completed application form should be submitted to shortcourses.admissions@dmu.ac.uk including copies of your certificates.

Checklist for submission

Proof of sponsorship (if applicable)

Transcripts of your academic qualifications

MONITORING FORM

De Montfort University wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in DMU's Admissions Team

What is your ethnicity?

1. Asian or Asian British

Indian
Pakistani
White and Black African
Bangladeshi
White and Asian
Chinese
Any other Asian background

2. Black or Black British

Caribbean
African
Any other Black background

3. Other ethnic group

Arab
Any other ethnic background

4. Mixed/multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background

5. White

British
Irish
Scottish
Welsh
Gypsy/Traveller
Any other White background

Prefer not to say

What is your gender identity?

Female
Transgender

Male
Non-binary

What is your sexual orientation?

Asexual
Gay
Pansexual
Prefer not to say

Bisexual
Lesbian
Heterosexual

Disability

You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. For the purposes of the Act, 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed; 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the Disability Advice and Support Team and your Personal Tutor.

What is your religion or belief?

Buddhist

Hindu

Muslim

No religion or belief

Other (Please specify)

Christian

Jewish

Sikh

Prefer not to say

Do you have any parental or caring responsibilities?

None

Primary carer of a disabled child/children

Primary carer of an older person

Primary carer of a child/children

Primary carer of a disabled adult

Secondary carer (another person carries out the main caring role)

Prefer not to say

Thank you for completing this form