

Student Application Form 2008 /2009

PLEASE COMPLETE ALL SECTION (please use a ball point pen)

Title of course applied for: _____

Name of Applicant: _____ **Male** **Female**
Last Name _____ **Mr Mrs Ms Miss**
Other Names _____

Date of Birth :	Day	Month	Year	18-25	26-34	35-45
				46-55	over 55	

National Insurance Number

Home Address _____

Post code _____ **Borough** _____
Telephone Number : daytime _____ **evening:** _____

Next of Kin/Emergency Contact _____
Address _____
 _____ **Post code** _____
Telephone: daytime _____ **evening** _____

Education & Qualification: (Use additional sheet if necessary)

Subject	Institution	Level	Dates	
			From	To

Have you lived outside the UK /EU/EEA in the past three years?		Yes	No
Employment Status:			
Employed	Full time	Part time	
Unemployed			
Retired			
Student			
Are you receiving any income based benefit:		Yes	No
If yes please specify: _____			
Do you have any restrictions to stay in the UK?		Yes	No
If yes, please specify: _____			
Ethnic Origin: (please tick)			
Arabian or Arabian British	Japanese		
Asian or Asian British – Bangladeshi	Mixed – White and Asian		
Asian or Asian British – Indian	Mixed – White and Black African		
Asian or Asian British - Pakistani	Mixed – White and Black Caribbean		
Asian – any other background	Mixed – any other mixed background		
Black or Black British – African	White – British		
Black or Black British – Caribbean	White – Irish		
Black or Black British- any other background	White – any other White background		
Chinese	Other _____		
Other information:			
Do you have any learning Difficulties/Disability?		Yes	No
If yes, please specify: _____			
How did you hear about the course? _____			
Please, use this space for additional information or to say what you hope to gain from this course: _____			

I declare that to the best of my knowledge, all of above information is accurate and correct. I understand that my application may be rejected for withholding relevant details or giving false information.

Signed _____ Date _____

For office use only	
Course Code: _____	
Start Date: _____	Expected End Date: _____

Please return completed form to: Widows & Orphans International, 93a-99a New Road, Dagenham Essex RM10 9NL Tel: 02085933100 Fax: 02085267600