



BAC Accredited



LYCEUM ACADEMY

APPLICATION FOR ADMISSION

This form is to be used for part-time AND full-time programmes. You should read the prospectus (or appropriate course leaflet) before completing this form. If you still require assistance, please telephone and ask for the admissions unit.

1 Qualification sought

Title of course _____ Course qualification _____

2 Mode of study required

Full-time

Part-time

3 Personal details

Full name (*please underline family name*) _____ Title: (*e.g. Mr/Mrs*) _____

Previous surname (*if changed*) _____ Sex: Male Female

Date of birth (*day/month/year*) _____ Age _____ Nationality _____

Country of birth _____ Country of residence _____

Address _____

_____ Postcode _____

Daytime Fax no. _____ E-mail address _____

Home Tel no. _____ Daytime Tel no. _____ Mobile _____

4 Education and Qualifications

Please enter, in chronological order (most recent first), details of courses attended since leaving school, whatever the results. Please continue on a separate sheet if necessary.

Institution attended (<i>State whether full or part-time</i>)	From <i>M/Year</i>	To <i>M/Year</i>	Course description (<i>inc. awarding body</i>)	Grade or Result

6 Examinations for which the results are not yet known

Subject and level of examination	Examining body	Exam Date	Date result published

7 Employment

Name of employer	Name of your job	From	To

8 Sponsorship

If you are being (or are likely to be) financially sponsored, please give details. *(Evidence will be required at a later date)*

Name and address of sponsor
Telephone number of sponsor

9 Referees

One referee should be your current employer or college/school tutor. Referees may be asked to comment on your academic stability and should, therefore, have some knowledge of the standard of study in the U.K.

Name	Address	Title/profession

10 Special needs

Do you have any disabilities or special needs? Yes No
(If yes, please give details)

--

11 Study Skills

Do you expect that you will need study support? Yes No

If yes, what kind of support would you welcome?

12 Language

If English is not your first language, please state your proficiency and any relevant qualifications in English.

13 Additional information

Please give information in support of your application.

Please give any further information such as relevant practical experience, independent reading, interests and achievements. Explain why you wish to join the course and what benefits you expect to gain.

14 Visa Validity

Visa start date: _____

Visa end date: _____

15 Signature

I confirm that all the information provided is accurate.

Signature	Date
-----------	------

PLEASE RETURN THIS FORM TO THE ADDRESS BELOW:

**LYCEUM CENTRES LTD
16a High Street North, East Ham,
London E6 2HJ, UNITED KINGDOM**

FURTHER INFORMATION:

Tel: +44 (0) 20 8552 5429 Fax: +44 (0) 20 8552 5463

Email: contact@lyceumacademy.co.uk • Website: www.lyceumacademy.co.uk

FOR OFFICE USE ONLY

Department _____ Has candidate been interviewed? Yes No

Decision _____ U/C/R _____ If C, state conditions: If R, has candidate been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--

Title of course _____

Periods of completion Min _____ Max _____

Types of attendance (please specify) _____

Proposed diploma _____

Proposed first date of enrolment _____

Signature of head of department _____ Date _____