



an Associate College of



# Application form

Please print in BLOCK LETTERS

## (1) Personal

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	
Date of birth:	(dd/mm/yy)
Correspondence address:	
	Postcode
Country:	
Mobile telephone:	
Telephone number:	
Email:	

First name(s):	
Previous family name: (if applicable)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home address (if different):	
	Postcode
Country:	
Mobile telephone:	
Telephone number:	
Email:	

## (2) Course applied for

Undergraduate	Postgraduate Pathway Programmes
<input type="checkbox"/> Foundation <input type="checkbox"/> Diploma <input type="checkbox"/> Law <input type="checkbox"/> Business <input type="checkbox"/> Mass Communications <input type="checkbox"/> Life Sciences/Psychology <input type="checkbox"/> Maths/Physics/Engineering <input type="checkbox"/> English Language	<input type="checkbox"/> Pre-Masters in Law <input type="checkbox"/> Pre-Masters in Business  <input type="checkbox"/> English Language

Year of entry:	<input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> September
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Degree Course at University of Hertfordshire (must complete):
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## Agent use

Representative's stamp
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## Office use

Offer Detail - Admissions Office
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## Application form (continued)

### (8) Academic qualifications - examinations achieved

Please list all qualifications taken, whatever the result, in chronological order.

Documentary evidence of known results should be sent with this form. Only certified photocopies are acceptable.

Exam Date (mm/yy)	Awarding body	Subject	Qualification	Results achieved (grades, bands or GPA)

Please do not forget to attach certified copies of your academic transcripts to this form

### (9) Work experience

Please give details of work experience, training and employment.

Dates from (mm/yy)	Dates to (mm/yy)	FT/PT	Post held	Organisation name and address	Brief description of duties

(If you have significant relevant work experience, please attach a statement explaining your role in further detail and attach it to this form)

### (10) Disabilities/special needs

Please indicate below whether or not you will need any additional support or facilities. This information will be passed on to our Academic Director, who will liaise with you and the academics in the department who will support you through the admissions process and determine whether we can meet your study needs.

<input type="checkbox"/> No known disability
<input type="checkbox"/> I have a specific learning/physical disability
Please give further details below and if necessary attach further information to this form:

### (11) Declaration

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I give permission to obtain official records from any educational institution attended by me. I also authorise HIBT to supply any relevant official records to educational institutions to which I am seeking admission, to government bodies and to parents/sponsors if required. I understand that fees may increase annually; I accept the conditions as laid out in the Payment and Conditions of Enrolment section of the HIBT Prospectus and accept liability for the payment of all fees as outlined within. I understand that living expenses in the United Kingdom may be higher than in my own country and confirm that I am able to meet the costs.

Signed:	Date: (dd/mm/yy)
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Thank you for completing the HIBT application form. We will endeavour to respond to you within one working day of receipt of this application. Please don't hesitate to contact us (contact details on front of application) should you require any further information or advice. Please note that a copy of this application may also be downloaded from our website [www.hibt.uk.com](http://www.hibt.uk.com).

### (12) Postal address for applications

HIBT, University of Hertfordshire, College Lane, Hatfield, Herts AL10 9AB United Kingdom.

# Application form (continued)

## Equal opportunities monitoring

In completing this form you are helping HIBT and the University of Hertfordshire to monitor the fairness of their admissions processes and to ensure equal treatment for all applicants. At HIBT, our students are from all over the world. All information on this form will be treated as strictly confidential. Please tick the boxes which best describe you.

I am <input type="checkbox"/> Female <input type="checkbox"/> Male
My age today is <input type="checkbox"/> under 18 <input type="checkbox"/> 18-21 <input type="checkbox"/> 22-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40 or over

Please indicate your ethnicity by choosing one of the following and ticking the appropriate box.  
(This classification is based on the Census 2001).

<b>White</b>	
<input type="checkbox"/> Nationality (please write)	19
<b>Black</b>	
<input type="checkbox"/> Caribbean	21
<input type="checkbox"/> African	22
<input type="checkbox"/> Other (please write)	29
<b>Asian</b>	
<input type="checkbox"/> Indian	31
<input type="checkbox"/> Pakistani	32
<input type="checkbox"/> Bangladeshi	33
<input type="checkbox"/> Other (please write)	39
<b>Mixed</b>	
<input type="checkbox"/> White and Caribbean	41
<input type="checkbox"/> White and Black African	42
<input type="checkbox"/> White and Asian	43
<input type="checkbox"/> Other (please write)	49
<b>Chinese and other Ethnic Group</b>	
<input type="checkbox"/> Chinese	34
<input type="checkbox"/> Any other (please write)	80
<b>Information refused</b>	
<input type="checkbox"/>	

I indicated on my application that I have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No
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