



**SEVERN  
BUSINESS  
COLLEGE**

# Application Form Blended Learning

Please complete **CLEARLY IN BLACK PEN** and in **BLOCK CAPITALS**

Please attach the following with application form and select category; otherwise your application will be invalid:

- Passport/ID Copy
- All Qualification Documents
- English Proficiency Certificate (if applicable)
- Short-term Study Visit Visa (6 months) (category if applicable)
- Short-term Study English Visa (11 months) (category if applicable)
- Blended Learning (UK-based Student) (category if applicable)

For Office Use Only
<input type="checkbox"/> Intention to Study: £100 (BL) / £200 (Short-term)
Reference Number:
Signature:
Date:

Course Name	Start Date

Personal Details									
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Other _____	Date of Birth: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
First Name:									
Surname:									
Nationality:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____								
Email:	Passport No:								
Home Tel No:	Mobile Tel No:								

Address UK (if applicable)

Next of Kin (someone we can contact in case of emergencies)
Name:
Address:
Home No:
Mobile No:
Relationship:

**Address Overseas (if applicable)**

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**Education** Academic Qualifications achieved. Documentary evidence of results should be sent with this form.

Date (MM/YY)	Qualification	Awarding Body	Result (Grade achieved)

**Work Experience (if applicable)** Please give details of any work experience, training and employment.

From (MM/YY)	To (MM/YY)	Post held	Organisation Name	Brief description of duties

**English Language Proficiency (if applicable)** Ensure that a copy of the transcript is attached with this application.

Tick the appropriate box and enter score (if applicable).  CEFR level B1  CEFR level B2  CEFR level C1

<input type="checkbox"/> IELTS R: _____ W: _____ S: _____ L: _____	<input type="checkbox"/> PTE Academic R: _____ W: _____ S: _____ L: _____
<input type="checkbox"/> N/A	<input type="checkbox"/> Others _____ R: _____ W: _____ S: _____ L: _____

**Ethnic Background**

<input type="checkbox"/> White	<input type="checkbox"/> Asian: Of Chinese Origin	<input type="checkbox"/> Mixed: White and Black African
<input type="checkbox"/> Asian: Of Indian Origin	<input type="checkbox"/> Asian: Of Other Origin	<input type="checkbox"/> Mixed: White and Black Caribbean
<input type="checkbox"/> Asian: Of Pakistani Origin	<input type="checkbox"/> Black: Of Caribbean Origin	<input type="checkbox"/> Do not wish to answer
<input type="checkbox"/> Asian: Of Bangladeshi Origin	<input type="checkbox"/> Black: Of African Origin	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian: Of East African Origin	<input type="checkbox"/> Mixed: White and Asian	

Disability	
Please indicate below whether or not you will need any additional support or facilities. This information will be passed on to our Registrar, who will support you through the admission process and determine whether we can meet your study needs.	
<input type="checkbox"/> No known disability	<input type="checkbox"/> Speech Memory/Concentration
<input type="checkbox"/> Mobility/Wheelchair user Blind/Partially sighted	<input type="checkbox"/> Physical co-ordination Continenence
<input type="checkbox"/> Deaf/Hearing Impairment/Autism/Mental Health/Learning Difficulty	<input type="checkbox"/> Ability to lift, carry or move every day objects
<input type="checkbox"/> Unseen Impairment e.g. Disease/epilepsy Dyslexia/Other impairment (Please specify)	<input type="checkbox"/> Perception of risk of physical danger
<input type="checkbox"/> Other	

Gender	Age
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65 and over

Financing Studies
<input type="checkbox"/> Self funding <input type="checkbox"/> Employer/Sponsor funding <input type="checkbox"/> Other (please specify):

Declaration by Student	
I confirm that I have read and completed all relevant sections in this form by myself and declare that the statement made by me is correct and honestly provided. I confirm that I have read and agree to abide Severn Business College Terms & Conditions (include refund guidelines). <p style="text-align: right;">Terms &amp; Conditions: <a href="http://www.severnbusinesscollege.com/terms.php">www.severnbusinesscollege.com/terms.php</a></p>	
Signature	Date

For Office Use Only	
Total Course Fees:	Awarding Body Fees:
Fees Paid:	Outstanding Fees:
Payment Method (full or instalment or employer/sponsor or other):	
Passport Copy or ID Copy:	
Qualification Documents:	
English Proficiency Certificate (if applicable):	