



Higher Education College Scotland

APPLICATION FORM

Applicant Ref No (will be allocated by the College)	Date Received (entered by the College)

Section 1: Name and contact details (BLOCK Letters Please)			
Surname/Family Name			
Forename (s)			
Previous surname/family name (if applicable)			
Title: (Miss/Ms/Mrs/Mr/Dr)		Date of Birth (dd/mm/yyyy)	
Gender: Male/Female			
Contact Address (for correspondence)		Permanent Home Address (if different)	
Telephone Number (with country and area code)			
Mobile Number			
Fax Number (if available)			
E-mail Address (please print carefully)			
For application submitted through a College-authorized representative, please complete the following			
Representative name			
Company name			
Email			
Country			

Section 2 : Programmed to which Application is being made (BLOCK Letters Please)				
Course Title				
Intended date of entry (Month/Year) e.g. 01/2008				
Proposed programme of Study:		Full-Time		Part-Time
Intended Source of Funding: (If you are applying for an advertised studentship please give details)				

Section 3 : Educational (Higher and Further) and Other Relevant Qualifications (BLOCK Letters Please)			
<i>Please list below, in chronological order, your educational, professional and other relevant qualifications for entry including those you hope to obtain. Include College and University programmes only. Please enclose a transcript of your main degree qualification(s) (translated into English where appropriate).</i>			
Qualification Title, Subject and Level (e.g. HND, BSc Biology)	University/College of Study (if not UK, please state which country)	Result or Grade	Date of Award or Anticipated Award (Month/Year)

Section 4: Employment History (BLOCK Letters Please)			
<i>Please enter periods of employment or research experience in chronological order, with most recent at the top</i>			
Date From (Month/Year)	Date To (Month/Year)	Employer (if not UK, please state which country)	Title and Description of Post held

Section 5: English Language Proficiency (please complete if your first language ('mother tongue') is not English)					
<i>(If you have not yet taken a test please state your anticipated test date)</i>					
IELTS			TOEFL		
Test Date:	Overall Score:	Writing Score:	Test Date:	Overall Score:	Writing Score:
If you wish to request exemption from providing an English Language Certificate, please state your reasons here.					

Section 6: Referee Details (BLOCK Letters Please)		
Applicants must provide two academic teachers or other suitable people who are familiar with your recent academic work and willing to provide references. References should be signed across the seal of the envelope by the Referee.		
	First Referee	Second Referee
Name		
Occupation/Relationship to Applicant		
Address		
Telephone (with country & area code)		
Fax (with country & area code)		
Email address (Please print carefully)		

Section 7 : Residential Entry Category	
Permanent Domicile – Country	
Country of Birth:	
Nationality:	
UK/EU National, resident in the European Economic Area (EEA) or Switzerland for last 3 years	<input type="checkbox"/>
Non-EU National, exempt from Immigration Control and resident in UK for last 3 years	<input type="checkbox"/>
Non-EU National, with Refugee Status or Exceptional Leave to Remain	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Section 8 : Disabilities (<i>Insert an 'X' in the relevant boxes below</i>)	
No known Disability <input type="checkbox"/>	Blind/Partially Sighted <input type="checkbox"/>
Dyslexia <input type="checkbox"/>	Wheelchair User/Mobility Difficulties <input type="checkbox"/>
Deaf/Hearing Impairment <input type="checkbox"/>	Mental Health Difficulties <input type="checkbox"/>
Personal Care Support <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Unseen Disabilities, e.g. Diabetes <input type="checkbox"/>	Autistic Spectrum Disorder or Asperger Syndrome <input type="checkbox"/>
If you have a disability not listed above, please give brief details	
<input type="text"/>	
If support is required as a consequence of the above, please give brief details	
<input type="text"/>	
If you are a UK undergraduate are you in receipt of Disabled Students Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 9: How did you hear about this Programme? (<i>Insert an 'X' in the relevant box below</i>)			
1. College Prospectus		5. Your own School	
2. WWW.hecs.uk.com		6. Family/Friends	
3. Higher Education Convention or Fair		7. Open Day	
4. British Council		8. Newspaper/Journal (please specify):	
		9. Academic Department	
		10. Your own teaching staff	
		99. Other (please specify):	

Section 10: Personal statement for choosing this course (200 words) Please use additional sheet for this Section.

**Thank you for completing this form.
It should be returned to
Admission Department
Higher Education College Scotland
Unit 23 Twin Spires Business Park
Mugiemoss Road
Aberdeen
AB21 9BG
Email: admissions@hecs.uk.com**