

	By	Date
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Interview		
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Application For International Students

Student Details	
Title (please circle)	Mr Mrs Ms Miss
Surname	
Forenames(s)	
Student Mobile	
Home Telephone	
Email	
Date of Birth	DD/MM/YYYY
Country of Residence	
Student Home Address	
Street	
City	
County/State	
Zip/Postcode	
Student Nationality Information	
Passport or Identity Card No.	
Nationality	

Your Ethnicity (Please Check)	
White	
<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ British	<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Irish	<input type="checkbox"/> Any Other White Background
Mixed/Multiple Ethnic Groups	
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Asian
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Any Other Mixed/Multiple Ethnic Background
Asian/Asian British	
<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Any other Asian Background
<input type="checkbox"/> Bangladeshi	
Black/African/Caribbean/Black British	
<input type="checkbox"/> African	<input type="checkbox"/> Any Other Black/African/Caribbean Background
<input type="checkbox"/> Caribbean	
Any Other Ethnic Group	
<input type="checkbox"/> Arab	<input type="checkbox"/> Any Other Ethnic Group

Parents' / Guardians' Name - Please Add Both Parents if Applicable	
Title (please circle)	Mr Mrs Ms Miss
Forenames(s)	
Surname	
Relationship to Student	
Email	
Mobile Phone	
Home Telephone	
Parent Home Address (If Different)	
Street	
City	
County/State	
Zip/Postcode	
County of Residence	

Parents' / Guardians' Name - Please Add Both Parents if Applicable	
Title (please circle)	Mr Mrs Ms Miss
Forenames(s)	
Surname	
Relationship to Student	
Email	
Mobile Phone	
Home Telephone	
Parent Home Address (If Different)	
Street	
City	
County/State	
Zip/Postcode	
County of Residence	

Course Details (Please Check)	
<input type="checkbox"/>	2 Academic Years
<input type="checkbox"/>	1 Academic Year
<input type="checkbox"/>	1 Term (September start)
<input type="checkbox"/>	1 Semester (September start)
<input type="checkbox"/>	1 Term (January start)
<input type="checkbox"/>	1 Semester (January start)
<input type="checkbox"/>	1 Semester (February start)
Name of the course or subjects you are applying for	

Academic Background	
Please indicate your career plans:	

Important Documents to be Emailed Separately if applying for 1 year or more	
The following documents need to be emailed to international@bexhillcollege.ac.uk after you have submitted this application form.	<ul style="list-style-type: none"> • Qualification Certificates and / or most recent school report • English language examination certificate (must be a SELT) • A Photocopy of Passport (the page with your photo on it)

About You	
Do you require a student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will pay for your studies in the UK?	
Do you have the necessary funds in place to pay for your tuition fees and living costs whilst in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which countries have you lived for the last three years? (Please list)	
Was your residency in any of those countries only for the purpose of receiving full-time education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First language	

Learning Difficulty / Disability / Health	
If you consider that you have a learning difficulty or disability, please tick as appropriate so that we can offer support.	
<input type="checkbox"/> Dyslexia (Please specify the date of your last psychology assessment if you have one)	
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Unseen disability e.g. asthma, epilepsy
<input type="checkbox"/> Wheelchair user/mobility need	<input type="checkbox"/> Two or more disabilities
<input type="checkbox"/> Mental health service user	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Hearing impairment signer needed	
<input type="checkbox"/> Personal care support needed	
Are you applying to other Colleges in the UK/another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Profile
In addition to the completion of this form, please write a 250 word student profile on a separate sheet of paper indicating why you wish to study in England, your career or education plans, hobbies and interests in order that we may assess your level of English. Include information on your ability to speak and understand spoken English.

Accommodation	
Do you wish the College to provide accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your preferred type of accommodation? (See website for details and cost)	<input type="checkbox"/> Host Family <input type="checkbox"/> Student Accommodation

Additional Information	
Are you applying through an agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying through an agent, please give details of the agent.	
Why have you chosen Bexhill College?	

Data Protection Act
Information you provide on this application form will be stored and processed and, because of the Data protection Act 1998, we need your permission before we can do this. Since we cannot operate the College effectively without processing information about you, we need you to tick the box below. Further information about data confidentiality is available on request from the College.
<input type="checkbox"/> I agree to the above. Note, if you do not agree we cannot process your application.
Please check that you have answered all the questions before submitting.



Student Profile

Blank area for student profile information.

