

1. Fill in all sections of the form
2. Attach certified copies of academic transcripts and examination results (translated if not in English) if you have them
3. Send to Kaplan International Colleges (details overleaf)

## 1. Contact details

Family name or surname (as on passport):	Nationality:
First name (as on passport):	Passport number:
Middle name(s):	Email address: (compulsory)
Gender: (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Will you be under the age of 18 when your programme is due to start? (please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth (dd/mm/yy):	
Home address:	Address for correspondence (if different from your home address):
Postcode:	Postcode:
Country:	Country:
Telephone:	Telephone:
Mobile:	Mobile:

## 2. Programme and degree course choices

<b>Kaplan International College London programme choice (please ✓):</b> <input type="checkbox"/> Pre-Sessional English (leading to an academic pathway programme) <input type="checkbox"/> Foundation Certificate in Business, Law and Social Sciences <input type="checkbox"/> Foundation Certificate in Science and Engineering <input type="checkbox"/> Graduate Diploma in Business, Law and Social Sciences <input type="checkbox"/> Graduate Diploma in Science and Engineering	<b>University and degree course progression choice (please ✓):</b> <input type="checkbox"/> City University London <input type="checkbox"/> University of Southampton <input type="checkbox"/> University of Westminster  <b>Please state your university degree choice:</b> <div style="border: 1px solid black; height: 40px;"></div>
<b>Preferred programme start date (please ✓):</b> <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September	<b>Preferred number of terms of study (please ✓):</b> <input type="checkbox"/> Two term programme <input type="checkbox"/> Three term programme

## 3. Education history

Please list all schools, colleges and universities you have attended since the age of 11.

Institution (name and country)	Dates attended (from – to)	Qualification awarded

## 4. English language proficiency

Have you taken a recognised English language test? (please ✓)  Yes  No

If **Yes**, please enter your **overall** score in the relevant **blue box** below and your **individual listening, reading, writing and speaking scores** in the relevant **pink boxes**, if applicable. If you have not taken a recognised English language test, you can still apply and we will make you a conditional offer.

IELTS <input type="text"/>	Password <input type="text"/>	TOEFL <input type="text"/>	Other <input type="text"/>
Listening <input type="text"/>	Reading <input type="text"/>	Writing <input type="text"/>	Speaking <input type="text"/>

## 5. Declaration of criminal record

Do you have any criminal convictions in any country – excluding spent convictions and minor motoring offences? (please ✓)

Yes  No If you tick yes, you may be required to provide details.

## 6. Employment history

How many years of full-time work experience do you have?

If you have work experience, please describe the most recent full-time position you have had which lasted at least 12 months. Any previous work history should be included by attaching an extra sheet or CV to your application.

Employer:

Dates (from–to):

Main responsibilities:

## 7. Agent information

Do you have an educational agent?  Yes (please give details)  No

Name?

City?

## 8. Insurance

Do you have comprehensive travel, health and academic insurance?

Yes  No If **Yes**, please submit details. If **No**, we will contact you with full details once your application has been accepted. From 1st January 2011, comprehensive insurance is compulsory.

## 10. Declaration

I declare that the information I have supplied on and with this form is complete and correct. I understand that Kaplan International College London may need to process and store my information in countries outside the UK (and not subject to UK Data Protection laws), such as the United States or other countries where we have offices or service providers. I consent to the transfer of my information to these other countries. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of my enrolment. I have read, understood and agreed to the terms and conditions and fees of Kaplan International College London as outlined on the Kaplan International College London website. I undertake to pay the fees incurred as they are due and understand that Kaplan International College London fees may increase. I authorise Kaplan International College London to supply any relevant data to its partner universities and to supply official records of my progress at Kaplan International College London to my parents, guardian, sponsor or their nominee.

I confirm I have read, understood and agree to the declaration above (please ✓):  Yes

Name:

Date:

To be completed by the applicant's parent or guardian if the applicant is under 18 years of age:

I confirm I have read, understood and agree to the declaration above on behalf of the applicant (please ✓):  Yes

Name:

Date:

## 11. Final check-list

Please check you have supplied all the required information in this check-list:

1. Complete all sections of the application form  Yes
2. Confirm you agree to the declaration above  Yes
3. Attach certified copies of academic transcripts and examination results (with certified translations if not in English)  Yes
4. Send your application and copies of academic transcripts and examination results to:

Email: [info@kiclondon.org.uk](mailto:info@kiclondon.org.uk)

Fax: +44 (0) 20 7881 0710

Post: University Pathways Office, Kaplan International Colleges, Shepherds Central, Charecroft Way, London W14 0EE, United Kingdom

## 9. Medical information

Kaplan International Colleges is committed to equality of opportunity and aims to provide an inclusive learning environment for students with special needs or disabilities. To help us best support you, please provide as much information as you can on your particular needs.

Do you have any medical conditions?  Yes  No

If yes, please give details of any medical conditions, disabilities or allergies that require attention or notification and any prescribed medication taken on a regular basis (this will not affect your application).

Completion and signing of this form gives Kaplan permission to administer first aid by trained staff first aiders if required.

Do you consider yourself to have a disability? Please specify below.

- No disability
- Social/communication impairment such as Asperger's syndrome or other autistic spectrum disorder
- Blindness or serious visual impairment uncorrected by glasses
- Deafness or serious hearing impairment
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy, asthma or sickle-cell anaemia
- Mental health condition eg depression/schizophrenia/anxiety disorder
- Specific learning disability such as dyslexia, dyspraxia or ADHD
- Physical impairment or mobility issues such as difficulty using your arms or using a wheelchair or crutches
- Disability, impairment or medical condition that is not listed above

On a separate sheet please provide further details of the nature of your disability and the support you would require. Please note that some support mechanisms might take considerable time to organise, such as books in Braille format or modifications to buildings. We ask therefore that you include as much as information as possible.

Kaplan will ensure all personal data enclosed will be used only to plan appropriate support for you. Kaplan might need to disclose appropriate and relevant details to partner universities to facilitate this process.

I agree to appropriate and relevant details being forwarded in this way.