

**MEDIA INTEGRATED LEARNING CENTRE  
STUDENTS APPLICATION FORM**

Application Ref. No.

**Please read the attached Notes for Guidance before completing this form.**

<b>1. Personal details</b>	
Surname/Family Name (BLOCK CAPITALS)	
Personal Name (s)	
Previous surname, if changed	
Correspondence address	
	Postcode
Telephone No. (including STD code)	Daytime Evening (if different)
Fax No.	
Home Address (if different)	
	Postcode
Telephone No. (including STD code)	Daytime Evening (if different)
Fax No.	
Sex	
Male (M) <input type="checkbox"/>	Date of Birth
Female (F) <input type="checkbox"/>	
	Day Mth Yr
Your Age on 31 Dec. in year of entry	
	Yrs Mths

<b>2. Disability/Special Needs</b>		
Please state if you have any form of disability		
<b>3. Fee Status</b>		
Country of Birth		
Nationality		
Country of domicile or area of Permanent residence		
Applicants not born in the European Union please state:		
	Day	Mth
Date of first entry to the EU		
Date of most recent entry to the EU		
Date from which you have been granted permanent residence in the EU		
Payment of fees Who is expected to pay your fees? (e.g. Research Council, yourself, family Member, employer, other)		
Have you previously received an educational award from UK public funds? <span style="float: right;">YES/NO</span>		
If yes, please provide details:		
Funding Body	Programme	Dates

<b>4. Details of programme(s) to which you wish to apply; Month and year in which you wish to start</b>					
Award e.g. BA, MSc, HND	Programme Title	Preliminary choice of main subjects/options (if appropriate)	Mode of Study: Full-time, Part- time Day, Evening only, Other	Year of Entry	Stage i.e. Year 1 Year 2

<b>7. Last two educational establishments attended.</b>					
Name and address of the two most recent educational establishments attended.	Full-time or Part-time	From		To	
		Month	Year	Month	Year

<b>9. Physical or other disability or medical condition including any which might necessitate special arrangements or facilities.</b> (Please consult the Notes for Guidance before completing this section)

<b>5. Planning Statistics</b>				
Ethnic Origin  Complete this section only if you have shown in Section 3 of the form that your area of permanent residence is in the UK. Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write the code in the boxes.  <div style="border: 1px solid black; width: 80px; height: 30px; margin: 20px auto;"></div>	<b>Ethnic Origin Codes</b>			
	<b>White</b>		<b>Asian or Asian British</b>	
	British	11	Indian	31
	Irish	12	Pakistani	32
	Other White background	19	Bangladeshi	33
			Chinese	34
			Other Asian background	39
	<b>Black or Black British</b>		<b>Mixed</b>	
	Caribbean	21	White and Black Caribbean	41
	African	22	White & Black African	42
	Other Black background	29	White & Asian	43
			Other Mixed background	49
			Other Ethnic background	80
If you have used the code for: • Other White background (19); or Other Black background (29); or Other Asian background (39); or Other Mixed background (49); or Other Ethnic background (80);  Please describe your ethnic origin using your own words:				

<b>6. Work experience:</b> Please consult Notes for Guidance before completing this section. Give details of work experience, training and employment to date. Continue on a separate sheet if necessary.						
Job Title Nature of work/training	Name of Organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year

<b>8a. Examinations:</b> Applicants must list all subjects studied, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by BTEC or SCOTVEC - please attach a transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.						
Level, e.g. GCSE, AS, A, HND, degree or Professional qualifications	Subject	Date		Place of Study	Results (grades or bands)	CATS points - if applicable
		Mth	Yr			
IELTS/TOEFL Score:			Date Achieved:			

<b>10. Name and Address of referee(s)</b> (Please consult the Notes for Guidance and programme literature before completing this section)			
1.	2.		
Tel No.	Fax No.	Tel No.	Fax No.

<b>12. Declaration:</b> I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says, and agree to abide by the conditions set out there, which I accept as conditions of this application.	
Applicant's signature	Date

PLEASE ENSURE YOU ENCLOSE COPIES OF ALL ACADEMIC TRANSCRIPTS

Please return to: MILC, Jubilee Hall, Greenwich South Street, Greenwich, London, SE10 8UU, UK & at [enquiries@milc.org.uk](mailto:enquiries@milc.org.uk).