

Online Short Course Application Form

This form should either be completed electronically using Adobe Acrobat Reader, or if you wish to fill out the form by hand, please complete in BLOCK CAPITALS and use black ink.

SECTION A: PERSONAL DETAILS & STUDY OPTIONS	Title Mr / Miss / Other						
	Surname / Family Name						
	Forenames / Given Names						
	Date of Birth (DD/MM/YYYY)						
	Gender (Please tick)		MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	
	Nationality						
	Country of Birth						
	First Language						
	Passport Number			Passport Expiry Date (DD/MM/YYYY)			
	Permanent / Home Country Address						
	County/State						
	Post/Zip Code						
	Country						
	Home Telephone Number						
	Mobile Phone Number						
	Email						
	Do you have any current or previous criminal convictions (excluding minor motoring convictions)?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<i>If you have answered YES, you will be asked to provide details of the conviction and the nature of the offence on a separate form</i>						
	Title of UWTSD programme which you are applying for						
Co-ordinator's Name at your Home Institution							
Home Institution Name and Address							
Starting month and year of intake applied for (MM/YYYY)							

SECTION B: DISABILITIES	Do you have a disability?			YES		NO	
	<i>(If yes, tick all that apply)</i>						
	Blind or partially sighted		Deaf or hearing impairment		Require personal care assistant		
	Mental health difficulty		Wheelchair user or impaired mobility		Autistic spectrum disorder (ASD)		
	Asperger's syndrome		Unseen disability (e.g. diabetes or epilepsy)		Specific learning difficulties (dyslexia, dyspraxia, ADHD or a combination of these)		
	Multiple disabilities (please specify)						
	Medical condition (please specify)						
Please describe the implications of any disabilities or additional need and/or support required. This information will be shared with Student Services so that an assessment can be made of any reasonable adjustments required to allow you to reach your full potential.							

SECTION C: DECLARATION	<p>The University is a controller in terms of the 1998 Data Protection legislation. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. The data will not be passed to any third party without your consent, except where the University is required by law to do so.</p> <p>By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.</p> <p>By typing your name here, you are signing this form electronically.</p>	
	SIGNATURE OF APPLICANT:	DATE:

SECTION D: CHECKLIST	This form may be submitted electronically, or as a hard copy by post by using the contact details below:	
	Electronically by e mail to: international.registry@uwtsd.ac.uk	
	By post to: Immigration Services and Visa Compliance, UWTSU, Swansea Business Campus, Swansea, SA1 1NE, UK	
	PLEASE ENSURE THAT YOU ENCLOSE THE FOLLOWING:	
	ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION	
A COPY OF YOUR CURRENT PASSPORT		
CONFIRMATION FROM YOUR INSTITUTE OF YOUR CURRENT DEGREE PROGRAMME		