



FINANCE & BUSINESS ACADEMY

Excellence in Education

APPLICATION FORM

Application No.

2021XXXXXX

Instructions

Please complete this form in block CAPITAL letters using a blue or black pen. Sign the applicant's declaration on the last page of this form and submit the form along with all necessary documents as per the admission Procedure applicable to you according to your nationality.

Course Details

Course Title:	e.g.: Level 3 Diploma in Health and Social Care.		
Campus:	London <input type="checkbox"/>	Birmingham <input type="checkbox"/>	
Course level:	Level 3	Mode:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Academic Intake:	February 202_	July 202_	October 202_
Have you got registration? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Registration No _____			

Personal Information

Name:	First Name	Middle Name	Last Name
Date of Birth:	dd/mm/yyyy	Place of Birth:	London
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other _____
National Insurance Number:		Nationality:	
Telephone:		Mobile:	
Email Address:			
Do you have any disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:			
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:			

Address History (at least for 3 years)

Address 1
Address 2
Address 3

Residential Status

Passport and Visa: (must be the passport currently used for staying in the UK)			
British <input type="checkbox"/>	EU National <input type="checkbox"/>	Other	
Visa Type:		Date of arrival in UK	

Educational Background

Qualification Awarded or to be awarded <i>(e.g., Diploma in Hotel Management)</i>	Name of Institution /Awarding Body <i>(e.g., Finance & Business Academy /OTHM)</i>	Country	Grades/ Overall Percentage	Date of Attendance			
				From		To	
				Month	Year	Month	Year

Employment

What is your current employment status?	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Self employed <input type="checkbox"/>
If employed , please select the appropriate option			
<input type="checkbox"/> Employed for 0-3 months	<input type="checkbox"/> Part time, under 16 hours		
<input type="checkbox"/> Employed for 4-6 months	<input type="checkbox"/> Part time, 16-19 hours		
<input type="checkbox"/> Employed for 7-12 months	<input type="checkbox"/> Full time, 20+ hours		
<input type="checkbox"/> Employed for 12+ months			

If **unemployed**, please select the appropriate option

- ☐ Unemployed for 0-6 months
- ☐ Unemployed for 6-11 months
- ☐ Unemployed for 12-23 months
- ☐ Unemployed for 24-35 months
- ☐ Unemployed for 36+ months

If **Self-employed**, please select the appropriate option

- ☐ Self-employed for 0-6 months
- ☐ Self-employed for 6-11 months
- ☐ Self-employed for 12-23 months
- ☐ Self-employed for 24-35 months
- ☐ Self-employed for 36+ months

References

Reference 1		Reference 2	
Name		Name	
Organization		Organization	
Position/Designation		Position/Designation	
Address		Address	
Telephone		Telephone	
Mobile		Mobile	
Email		Email	

Next of Kin (UK address only)

Name			
Address			
Mobile		Telephone	
Email address			

Personal Statement

Please indicate the reasons as to why you have chosen to study this course. You should also indicate as to how you would benefit from this course.

Document Enclosure and checklist

Particulars	Yes	No
Passport	<input type="checkbox"/>	<input type="checkbox"/>
Photograph (2 copies)	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Number Card	<input type="checkbox"/>	<input type="checkbox"/>
Academic Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Academic Transcripts	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>
English Language Test Score	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Address in UK	<input type="checkbox"/>	<input type="checkbox"/>
Course Registration copy	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I confirm that to the best of my knowledge the information given in this form is correct. If accepted on this course, I agree to abide by the rules and regulations of the college as set out in the college prospectus/website, which I accept as a condition of this application. I confirm that I have read and understood all of the terms and conditions of this document.

Signature: _____ Date: _____

Office Use Only

Application received date:		Student Number:	
Referred By:			
Program of study:			
Start Date:		End Date:	
Students Finance Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Pending
Offer Decision	<input type="checkbox"/> Unconditional	<input type="checkbox"/> Conditional	<input type="checkbox"/> Reject
If Conditional or Rejection, please specify the reason:			

Name of Authorizer

Position

Branch

Signature

Date



FINANCE & BUSINESS ACADEMY

London Campus: 214 Whitechapel Road, London E1 1BJ | Tel: 0203 581 1996
 Birmingham Campus: 449 Stratford Road, Birmingham, B11 4LD | Tel: 0121 689 1425
 Email: info@fbaltd.org | www.fbaltd.org