

Taught Higher Education Courses Application Form



Please read the accompanying notes for completion of this form, fill in all sections using BLOCK CAPITALS and typescript or black ink for clarity and ease of copying and return it to:

The Admissions Office, Leeds Metropolitan University, Civic Quarter, Leeds, LS1 3HE.
Fax: +44/0 113 283 3114 E-mail: direct-admissions@leedsmet.ac.uk

Please do not write in any shaded boxes.
* Delete as necessary

App. No.

1. PERSONAL DETAILS

Surname/family name Title **Mr / Miss / Mrs / Ms / Dr / other***:

First/given names Sex **Male / Female**

Date of birth Day/month/year (eg 25/12/82): Any previous name

If a student/applicant at Leeds Met previously, Student ID number if known

Previous Leeds Met applicant number, if any

Nationality Country of birth

If not born in the UK, date of first entry to live in the UK Day/month/year (eg 10/08/97):

Do you have an unrestricted right to live in the UK? **Yes / No ***

Who is expected to pay your fees?

Disability / special needs - code (see Notes for Completion).....If you have entered code 1-9, please give details of any support you might need

2. CONTACT DETAILS

Correspondence address Home address - permanent residence (if different)

Country Country

Postcode (UK only) Postcode (UK only)

Telephone Number Telephone Number

Email address

Dates at this address Dates at this address

3. COURSE(S) APPLIED FOR

Course title	Full-time (FT), Sandwich (SW) or Part-time (PT)	Entry level/year (eg 1)	Month & year course starts (eg Sept 2002)	Location - Campus/College (if not Leeds)	For office use
					SCH AWSID MODE ST
	FT / SW / PT*				
	FT / SW / PT*				
	FT / SW / PT*				

How did you find out about the University and these courses? Tick as applicable:

- School/College Education Fair Friends/Family
 Advertisement Website - Leeds Met/Other*:
 Agent Other:

10. REFERENCE FOR

Name of applicant

Please note that under the Data Protection Act 1998 the University is unable to treat references as confidential and is obliged to reveal their contents to data subjects if requested.

Name of referee

Post/occupation/relationship to applicant

Name of institution/organisation.....

Address.....

..... Post Code

Telephone Fax number

Email Address.....

I have checked the contents of section 5 of this form

Yes / No *

Referee's signature

Date

NOTES FOR COMPLETION OF THE TAUGHT HIGHER EDUCATION COURSES APPLICATION FORM

COURSE INFORMATION

Before completing your application you should read the latest University literature relating to the course(s) for which you are applying. You are advised if possible to access the University's Online Prospectus on our Website (<http://prospectus.leedsmet.ac.uk>), which includes any changes since the latest printed University Prospectus went to press.

DISABILITY INFORMATION

The University is fully committed to the implementation of a policy to achieve equal opportunities for all students. In order that we can provide appropriate support for disabled students, it is important that any additional needs are outlined at the time of application. Applicants who indicate support needs may be invited to discuss these in further detail, if appropriate.

Please enter on the form the code from the list below which is most appropriate to you.

If you are not disabled or have no special needs or medical condition, use code 0.

- 0 None
- 1 You have dyslexia.
- 2 You are blind or partially sighted.
- 3 You are deaf or hard of hearing.
- 4 You are a wheelchair user / have mobility difficulties.
- 5 You need personal care or assistance.
- 6 You have mental health difficulties.
- 7 You have a disability which cannot be seen, eg diabetes, epilepsy or a heart condition.
- 8 You have two or more of the above.
- 9 You have a disability, special need or medical condition that is not listed above.
- T You have Austistic Spectrum Disorder or Asperger Syndrome.

REFERENCES

The referee's report is an integral and important part of the admission process. The information it contains helps to guide University staff in making their decisions. In order for us to evaluate your academic and intellectual capacity effectively references should if possible cover:

- (i) Suitability for the course(s) applied for
- (ii) Intellectual qualities, including
 - (a) development to date and previous examination performance, with special reference to any factors which may have adversely influenced the result
 - (b) present performance
 - (c) future potential, including an assessment of the probable results of any pending qualifications to be taken
- (iii) Personal qualities
- (iv) Career aspirations
- (v) Health and other personal circumstance relevant to the application
- (vi) Athletic, social and other interests

As a result of the Data Protection Act 1998 the University is unable to treat references as confidential and is obliged to reveal their contents to data subjects if requested. Any applicant wishing to make a data access request should do so in writing to The Governance and Legal Services Team, Registrar and Secretary's Office.

THE DATA PROTECTION ACT 1998

The information which you give on your application form, in any accompanying documents, electronic files or at interview will be used for the following purposes only:

- to enable your application for University entry to be considered
- to enable the University to initiate your student record
- to enable the University to compile statistics or to assist other organisations or individual research workers to do so, provided that no statistical information which could identify you as an individual will be published
- to provide data required from the University by the Higher Education Statistics Agency (HESA) and any other organisation which has a statutory right to receive any of it

Any applicant wishing to exercise their right under the Act to make a data access request should do so in writing to the The Governance and Legal services Team, Registrar and Secretary's Office

CRIMINAL CONVICTIONS

Please circle Yes or No depending if you have or have not got a relevant criminal conviction.

Relevant convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered relevant and you should not reveal them.

If you circle yes, you will not be automatically excluded from the application process, however we may ask you for more information.

You should be aware that for courses in teaching, health, social work, veterinary medicine, veterinary science or course involving work with children or vulnerable adults, any criminal convictions, including sentences and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974. If you are applying for these courses we will ask you to agree to have a criminal record check.

If you are convicted of a relevant criminal offence after you have applied, you must tell Leeds Met. Do not send any details of the offence, simply state that you have a relevant criminal conviction; we may then ask you more details.

If you are unsure after reading this information whether you have a relevant criminal conviction, please contact the Admissions Office.

QUERIES ABOUT YOUR APPLICATION

Please contact:

The Admissions Office
Leeds Metropolitan University, Civic Quarter
Leeds LS1 3HE

Tel: +44 (0) 113 283 5945

Fax: +44 (0) 113 283 3114

Email: direct-admissions@leedsmet.ac.uk

**THE ADMISSIONS OFFICE, LEEDS METROPOLITAN UNIVERSITY
CIVIC QUARTER LEEDS LS1 3HE
TEL: +44 (0) 113 283 5945
FAX: +44 (0) 113 283 3114 E-MAIL: DIRECT-ADMISSIONS@LEEDSMET.AC.UK**

11. ETHNIC ORIGIN (UK applicants only)

This section of the form is designed to collect statistics so that the University can monitor the effectiveness of its equal opportunities policies. It will be detached before your application is considered. If you are from the UK please enter in the box below the code for the description which most closely matches your ethnic origin.

WHITE

British	11	Irish	12	Other white background	19
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BLACK OR BLACK BRITISH

Caribbean	21	African	22	Other black background	29
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ASIAN OR ASIAN BRITISH

Indian	31	Pakistani	32	Bangladeshi	33
Chinese	34	Other Asian background	39		

MIXED

White and Black Caribbean	41	White and Black African	42	White and Asian	43
Other mixed background	49	Other ethnic background	80		

CODE

DISABILITY FORM

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Please enter in the box below the code from the list below which is most appropriate to you. If you do not have a disability, special needs or a medical condition, use code 0.

- 0 None
- 1 You have a specific learning difficulty (for example, dyslexia).
- 2 You are blind or partially sighted.
- 3 You are deaf or hard of hearing.
- 4 You are a wheelchair user or have mobility difficulties.
- T You have Autistic Spectrum Disorder or Asperger Syndrome.
- 6 You have mental health difficulties.
- 7 You have a disability which cannot be seen, eg diabetes, epilepsy or a heart condition.
- 8 You have two or more of the above.
- 9 You have a disability, special need or medical condition that is not listed above.

CODE

If you have entered code 1-9 in the box, please give details of any support you might need:

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Applicants who indicate support needs may be invited to discuss these in further detail, if appropriate.

For office use