

Summer School 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.

Title Mr / Miss / Other			
Surname / Family Name			
Forenames / Given Names			
Date of Birth (DD/MM/YYYY)			
Gender (Please tick)	MALE	<input type="checkbox"/>	FEMALE
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?	YES	<input type="checkbox"/>	NO
<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>			
Co-ordinator's Name at your Home Institution			
Home Institution Name and Address			
Starting month and year of intake applied for (MM/YYYY)			

Where do you intend to study? (Please tick)	Carmarthen	Lampeter	Swansea
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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.						

<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:

This form may be submitted electronically, or as a hard copy by post to the relevant campus address below:

Applications: international.registry@uwtsd.ac.uk

Swansea Business Campus UWTSD, High St, Swansea SA1 1NE

Please ensure that you enclose the following:

ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION

A *CERTIFIED COPY OF YOUR PASSPORT
*(*a photocopy signed by a solicitor/lawyer/notary to confirm that it is an authentic copy)*