

## **INTERNATIONAL STUDENT APPLICATION FORM**

Please complete all sections using <b>BLOCK</b> of	capitals				
YOUR DETAILS					
Forename:	Date of Birth://_				
Surname:	Tel. No.	Tel. No.			
Gender: male female Other	Mobile No.	Mobile No.			
Home Address:		Email:	Email:		
		School last attended:			
		Town:			
Post/Zip Code:	Nationality:	Nationality:			
First Language (if not English):	Country of Permanent	Country of Permanent Residence:			
Emergency Contact Person:	Country of Birth:	Country of Birth:			
Relationship to named person:	Passport Number:	Passport Number:			
Does this person speak English: Yes/No	Passport Expiry date:	Passport Expiry date:			
Emergency Telephone 1 (+ISD code)	Emergency Telephone	Emergency Telephone 2 (+ISD code)			
COURSE SELECTION					
Course Title:					
Intended Start Date://		Course End Date:/_	Course End Date://		
Education Details					
Qualifications already held you will be required to provide evidence of your results					
Subject	Date	Exam Body	Level	Grade	
Examinations to be taken – you will be requi	rod to provid	a avidance of your results			
,	Date	Exam Body	Level	Grade	
Subject	Date	Exam Body	Level	Grade	
11	Mar INI	16.7/	Form		
Have you previously studied in the UK?	Yes / No	If Yes, please confirm dates of Study:	From:/	//	
English Language					
What is your first language?					
Have you taken an international examination to indicate your level of English?					

(If you have not taken an English exam yet, please give the date of your next test)

IELTS Score (list all elements) Listening Reading Writing Speaking	Overall Grade   Date of Test: / /			
Other English language test (Please specify)				
Accommodation				
Do you need require assistance with accommodation?	YES NO (mark with "x")			
Type of accommodation preferred:	Duration: from// to//			
Allergies:	Do you smoke?			
Home Stay accommodation: what type of family would you prefer (indicate with "x" or yes or no)  Young: middle aged: retired: with children: with pets:				
Any other additional information:	Wei children			
Agent Details (if applicable)				
Agency Name:	Address:			
Email Address:	Phone Number:			
Payment of Fees (please provide the details of name and	address of the person responsible for Fees			
Name:	Address:			
Email Address:	Phone Number:			
Learning Support				
Please indicate if you have any learning difficulties / disabili	ties Yes No			
If you have indicated any disability or medical condition which may affect your studies, your to discuss your learning needs in confidence	No Please state nature of disability & support required: details will be passed to the College Learning Support Co-ordinator who will contact you			
Safeguarding				
Have you ever been convicted of / received a caution for:				
<ul><li>a criminal offence of a violent or sexual nature?</li><li>an offence relating to the distribution and/or sale of illegal drugs?</li><li>Yes</li><li>No</li></ul>				
Failing to complete this section or providing misleading information may lead to your application/enrolment being withdrawn. Ticking Yes to any of the questions above will result in a follow up meeting in order to obtain further details.				
Personal Statement	sale in a joine in ap incoming in order to be compared to the control of the cont			
Please write a few sentences telling us: (Please attach an additional sheet if required)  1) Why you want to study at NWRC and how this can help your future career plan				
2) What is your future academic plan, and what subject would you like to develop further after attending this course?				
3) If you have any relevant work experience you think is applicable for this application, please provide details:				

Have you ever been refused for a Tier	Study Visa or Student Visa? Yes No
STUDENT DECLARATION	
withdrawn from the College if it becomes clear I also understand that I will have to re-apply Policies, Procedures and Terms & Condition	t and that if accepted I wish to be enrolled for the above course. I understand that I will be that I have provided false statements or have withheld information. In such circumstances to be re-admitted as a student. By signing this form I agree to comply with all Colleges. Terms & Conditions can be found on our College website: <a href="https://www.nwrc.ac.uk/policieswill-be-required-to-provide-identification-prior-to-enrolment">will be required to-provide identification-prior-to-enrolment</a> .
Signed	Print Name Date
and respects the importance of your privacy and is committee processing of personal data included and associated with this a legal obligation' and/or 'processing is necessary for the per administer your studies, to deliver your programme and to me enrolment, study, examination and graduation. Your informat payments to be made to you. We may also use your informat experience. Information will be passed between relevant Cur agencies where we have an obligation to do so and where a Bodies, Higher Education Statistics Agency, Student Loans UCAS, Universities, Credit Reference Agencies, Crime Pre	lege (Data Controller) is permitted to process personal data where there is a lawful basis to do so. NWRC recognises of to treating your information responsibly and in compliance with the data protection legislation. The lawful basis for the Enrolment Form (including your results and benefit evidence) is; that processing is necessary for the compliance with formance of a task carried out in the public interest. The information that you provide on this form will be processed control your performance and attendance. We also use your information to manage recruitment, admission, registration will be used to provide you with College facilities and services, to provide you with support and to process are ion to conduct research and surveys to identify ways to enhance learning, teaching, assessment and the whole stude riculum Schools and support Departments within the College for operational purposes and will be disclosed to extern lawful basis exists, such as; Government Departments (Department for the Economy) and their Nominees, Statuto Company, Funders, Learning Records Service for allocation of your Unique Learning Number, Placement Provider vention Organisations. Employers (who pay your fees and allow you time off work to attend courses) may requence as a visit www.nwrc.ac.uk/policies
MARKETING INFORMATION	
We would be grateful if you could indicate wh careers talk at school, word of mouth, etc) ha	ich method of College promotions (i.e. advertising, social media, College Open Day, s encouraged you to make this application.
opportunity to unsubscribe with each email communi	re are new courses, events/initiatives or materials we think you may be interested in. You will be given the cation which will remove you from future mailings. You can also withdraw your consent to this at any time atting your preferences or by contacting our Data Protection Officer at dpo@nwrc.ac.uk
you the best student support our College has to offe 'Yes I agree' to the options if you consent to us cont	best achieved through support from staff, College Support Services and family/friends. In order to provid r we may wish to contact your emergency contact to keep them updated on your progress. Please selected acting your emergency contact about your progress. You have the right to withdraw your consent to this at and updating your preferences or by contacting our Data Protection Officer at <code>dpo@nwrc.ac.uk</code> Yes  No
Providing misleading information	on may lead to your application/enrolment being withdrawn.
CHECK LIST	
Please enclose the following document items are received by the College:	s with your application form. Your application will not be processed until all
1.7	
	evidence in relation to your financial statements as per regulations. is information from you on receipt of this application.
by Post to:	mpleted form to the Admissions Office by email to: Admissions Office, NWRC, 78 - 80 Strand Road, Indonderry, Northern Ireland, UK, BT48 7AL
Office Use Only:	
CAS Number details:	Course Code:
Student Ref:	Acknowledged:
Using a separate sheet please attack application when returning your for	n any additional information that you feel will support your rm.