

## **Application Form**

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

	Have you previously applied to UWTSD?		YES		NO	
	If yes, please enter your student number					
	Title Mr/Mrs/Miss/Ms/Other					
	Surname / Family Name					
	Previous Surname (if applicable)					
	Forenames / Given Names					
	Date of Birth (DD/MM/YYYY)					
	Gender					
	Nationality					
	Country of Birth					
	Permanent / Home Country Address					
ILS						
ETA						
SECTION A: PERSONAL DETAILS						
	County/State					
	Post/Zip Code					
A: F	Country					
ON	Home Telephone Number					
ECT	Mobile Phone Number					
S	Email					
	Address where you will live during study	(if different to permanent address)				
	County/State					
	Post/Zip Code					
	Country			1	T	
	Are you a member of UWTSD staff?		YES		NO	
		minal convictions (excluding minor motoring pplying for a course for which a satisfactory and Barring Service is a requirement.	YES		NO	
	If you have answered YES, you will be as a separate form.	ked to provide details of the conviction and the	nature c	of the	offence	on



	Qualification for which you are applying														
	Programme Ti	itle													
	Qualification Degree, BA, B Cert, PG Dip,	Sc, BEng, C MA, MBA, N	IPD, Grad	d Cert, G											
FINANCE	Starting mont year of intake for (MM/YYYY	applied													
	Point of entry for (i.e. Year 1														
ంఠ	Mode of Stud (Please tick)	y:	Full-time	Э		Part-	-time		Sandwich			Other			
SECTION B: STUDY OPTIONS	Do you wish to	o study on a	campus o	or as a Di	stance	stude	nt? (Please t	ick)							
	Cardiff	Carmar	then	Lam	oeter		London			Swansec	1		Dista	nce	
	Who will pay	your tuition	fees? (Ple	ease tick											
	Self-Financing	J													
	Student Loans	s Co.													
SEC	Sponsored (p	Sponsored (please provide details below)													
	Sponsor/Company Name:														
	Address:														
	Person responsible:														
	Position:														
	Other (please provide details)														
	Do you have	a disability?	?								Y	′ES		NO	
	(If yes, tick all	that apply)		1											
	Blind or partic	ally sighted		Dea	f or he	aring i	mpairment		Require personal care assistan			tant			
ES	Mental health	n difficulty		Wheelchair user or impaired mobility				Autistic spectrum disorder (ASD)			(ASD)				
DISABILITIES	Asperger's sy	ndrome				ability r epile					ıxia, A	ADHD or a			
Ü	Multiple disab (please speci														
SECTION	Medical cond (please speci	fy)													
SE	Please descril be shared wit allow you to r	th Student S	ervices s	o that an											



Qualifications completed. If more than 4, pleas	se continue on a separate page.								
Name of previous Institution and location									
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time								
Title of Award	Level								
Subject									
Awarding body	Grade/Classification								
Start date (MM/YYYY)	Date of Award (MM/YYYY)								
Name of previous Institution and location									
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time								
Title of Award	Level								
Subject									
Awarding body	Grade/Classification								
Start date (MM/YYYY)	Date of Award (MM/YYYY)								
Name of previous Institution and location									
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time								
Title of Award	Level								
Subject									
Awarding body	Grade/Classification								
Start date (MM/YYYY)	Date of Award (MM/YYYY)								
Name of previous Institution and location									
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time								
Title of Award	Level								
Subject									
Awarding body	Grade/Classification								
Start date (MM/YYYY)	Date of Award (MM/YYYY)								



Name of Institution and location							
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
Title of Award	Level						
Subject							
Awarding body							
Start date (MM/YYYY)	Expected Date of Award (MM/YYYY)						
Name of Institution and location							
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
Title of Award	Level						
Subject							
Awarding body							
Start date (MM/YYYY)	Expected Date of Award (MM/YYYY)						
Name of Institution and location							
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
Title of Award	Level						
Subject							
Awarding body							
Start date (MM/YYYY)	Expected Date of Award (MM/YYYY)						
Name of Institution and location							
Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
Title of Award	Level						
Subject							
Awarding body							
Start date (MM/YYYY)	Expected Date of Award (MM/YYYY)						



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Recognition of Prior Learning

If you have already completed a part of the learning associated with this programme, either at this institution or at another institution, or maybe as a result of your experience at a workplace, then you can apply for Recognition of Prior Learning.

Do you wish to be considered for Recognition of Prior Learning?

If your answer was yes, please contact the Registry Admissions team at the relevant campus using the contact details provided at the end of this form.

SECTION F: EMPLOYMENT DETAILS	Name and c current emp		of						
	Current Job Title					Length of Service		Full-time/ Part-time	
	Dates (MM/YYYY- MM/YYYY)								
	Brief description of current role								
APLC	Employmen	t History							
F: EA	Dates	FT or PT	Job T	itle	Employer Details	Brief descrip	tion of dutie	es	
SECTION									



	Further information to support your application.
	Please provide information on your reasons for choosing the programme of study (e.g. experience, interests, motivation, career path and continuing professional development).
F	
STATEME	
SECTION G: PERSONAL STATEMENT	
ON G: PE	
SECTION	



	Please give details of two referees below (one referee would normally be expected to be an academic)								
	of your nominated	re one reference to support an application of the series. Should we require additional in the eferee should email your reference to the	nformation, the Universit	ty will contact	your second				
	1st Referee								
	Title & Full name								
	Position		Telephone / Mobile						
S	Relationship to applicant								
NCE	Email								
SECTION H: REFERENCES	Address								
SE	2 <sup>nd</sup> Referee								
	Title & Full name								
	Position		Telephone / Mobile						
	Relationship to applicant								
	Email								
	Address								
	Will you have been prior to the start do	n ordinarily resident in the UK (apart from ate of the course?	short holidays) for three	years YES	NO				
ICY	Please give further details								
SECTION I: RESIDENCY									
	Date of first entry t	o live in the UK (DD/MM/YYYY)							



	Please complete this se	ection if you are NOT from	n the UK							
	Passport Number			Passport Expiry Do (DD/MM/YYYY)	ate					
	Do you currently live in the UK?									
	If you are applying from	n within the UK, please giv	ve your UK addr	ess			•		•	
	Do you currently have	a visa? If so what type?							1	
		ent visa for the period of y				YES		NO		
	If you are an EU, EEA or indicate your immigrati	Swiss citizen living in the on status	UK, please	Settled status		Pre-Se	ttled	status		
NOT FROM THE UK	current IELTS certificate reading, writing, speaki	language, you will be red (or equivalent) with a mi ng and listening) before	nimum overall so you will be acce	core of 6.0 (to inclue) epted onto a progr	ude a m ramme	ninimum of study.	score	e of 5.5 ir		
FROM	If you have already taken an English language test, or intend to take an English language test, please provide details of the test below with the most recent first. You must also provide copies of your official test results with your application.									
ON	Name of test									
ARE	Listening score			Reading score	,					
	Writing score			Speaking score	<b>&gt;</b>					
N S	Overall Score			Date of Test						
J: STUDENTS WHO	Use the space below to add any further information regarding your English language proficiency, such as if your Secondary School / College / University programme was taught through the medium of English									
Z										
SECTIO	If you are applying for a Student visa to study at this University, you must be able to meet the UKVI financial requirements. You will be required to provide evidence to show that you have one year's tuition fees, and the maintenance requirement to study in the UK. Full details can be found on the UKVI website at <a href="https://www.gov.uk/student-visa">www.gov.uk/student-visa</a> .									
-	If you are Self-Financing, you will be expected to provide bank statements for us to check before you can apply for a Student visa to study at the University.									
	If you have a Financial Sponsor, you will be expected to provide a financial sponsor letter for us to check before you can apply for a Student visa to study at the University.									
	We will not be able to issue a CAS until your financial documents meet the UKVI requirements. Please check the UKVI website for full details.								è	
	Bureau, please provide	Saudi Arabia and will be your Saudi national ID no		cial sponsorship fro	m the S	audi Ara	bia (	Cultural		
	Saudi National ID Number									
	Are you applying throu	gh a UWTSD recognised (	agent? If so, ple	ase name the age	nt.					
	Agent Name						_		_	
	Sub-Agent Name									



	If you are applying for a Student visa to study at the University, the University will require you to attend an admissions interview. Please be aware that the interview will be recorded and retained for our records. You may also be asked to attend a UKVI interview as part of your UKVI Student visa application. This will give you the opportunity to demonstrate that you have a genuine interest in the programme you have applied for, and to explain why you have chosen to study at this University. Please answer the following questions by providing as									
	much information as possible.									
	Why have you chosen to study in the UK?									
HISTORY	Why have you	u chosen to study at UWTSD3	Ś							
IMMIGRATION										
AND	Why have you chosen to study this programme?									
SECTION K: INTERNATIONAL APPLICANTS - VISA AND IMMIGRATION HISTORY	How do you t	nink your studies will help yo	u in the future?							
VTER	Have you eve	er received a visa to study in	the UK?			YES		NO		
K:	If yes, please	provide details below								
<u>N</u>	Type of Visa		Visa Start Date		Visa Expiry D	Date				
SECT	Type of Visa		Visa Start Date		Visa Expiry [	Date				
	Type of Visa		Visa Start Date		Visa Expiry [	Date				
	Have you eve	er been refused a visa to stud	dy in the UK?			YES		NO		
	If Yes, give de	tails below of why your visa	was refused							
	What was the	data of the refusal? (DDA)	AAA/VVVV1							
	wnat was the	date of the refusal? (DD/N	(11/1/ Y Y Y Y )							



SECTION L: DECLARATION

SECTION M: CHECKLIST

## The University is a controller in terms of the 2018 Data Protection legislation and the UK General Data Protection Regulation. 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. I give permission for the University of Wales Trinity Saint David to contact UKVI to confirm my UK immigration history

and/or status.

In assessing my suitability for the programme of study, I give permission for the University to contact my referees to request that they complete a reference to support my application.

By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.

By typing your name here, you are signing this form electronically.

Signature of Applicant

Date

This form may be submitted electronically:

Swansea/Carmarthen/Lampeter/Wales International Academy of Voice (Cardiff) Campus applications: admissions@uwtsd.ac.uk

London Campus applications: <a href="mailto:londonadmissions@uwtsd.ac.uk">londonadmissions@uwtsd.ac.uk</a>

Please ensure that you attach the following documents. Incomplete applications will not be processed until all documents have been received.

ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION.

PORTFOLIO - IF THIS IS REQUIRED AS PART OF THE ENTRY CRITERIA TO YOUR CHOSEN PROGRAMME.

CERTIFIED\* COPIES OF ORIGINAL QUALIFICATION CERTIFICATES / TRANSCRIPTS.

CERTIFIED\* COPY OF PASSPORT.

Students who are not from the UK must also include the following evidence

CERTIFIED\* COPIES OF CURRENT AND PREVIOUSLY ISSUED VISAS.

CERTIFIED\* COPIES OF CURRENT AND PREVIOUSLY ISSUED CAS STATEMENTS.

IELTS certificates from a UKVI approved IELTS centre (where English/Welsh is not the first language).

\*A Certified Copy is a photocopy signed by a solicitor/lawyer/notary to confirm that it is an authentic copy.

Thank you for completing this form. Registry Admissions will now complete an online application form on your behalf and using your e-mail address, will create an account that will give you access to the University's applicant portal.

If you do not wish for your e-mail address to be used for this purpose, please tick this box.