

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 | | | | | |
| AILS | | | | | | |
| DET/ | | | | | | |
| SECTION A: PERSONAL DETAILS | County/State | | | | | |
| ERSC | Post/Zip Code | | | | | |
| A: PI | Country | | | | | |
| NO | Home Telephone Number | | | | | |
| ECT | Mobile Phone Number | | | | | |
| SI | Email | | | | | |
| | Address where you will live during study | (if different to permanent address) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | County/State | | | | | |
| | Post/Zip Code | | | | | |
| | Country | | | I | | Γ |
| | Are you a member of UWTSD staff? | | YES | | NO | |
| | | ninal 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 o | of the | offence | on |



| | Qualificati | on fo | or which yo | ou are | apply | ying | | | | | | | | | | | |
|-------------------------|---|----------|-------------|---------|--------------------------------------|------------|--------|---------------------------------|--|------|-----|---------|---|-------|-------|-----|--|
| | Programm | ne Title | е | | | | | | | | | | | | | | |
| | Qualification Degree, Both | A, BS | c, BEng, C | IPD, Gi | rad C | Cert, Gra | | | | | | | | | | | |
| E | Starting month and year of intake applied for (MM/YYYY) | | | | | , | | | | | | | | | | | |
| FINANC | Point of en | | | | | | | | | | | | | | | | |
| ంర | Mode of St (Please tic | | | Full-ti | me | | | Part- | time | | Sar | idwich | | Other | | | |
| PTIONS | Do you wis | sh to | study on c | ampu | s or c | ıs a Disto | ince : | stude | nt? (Please ti | ick) | • | | | | | | |
| 0 | Cardiff | | Carmart | hen | | Lampe | ter | | London | | | Swansed | 1 | | Dista | nce | |
| STUDY | Who will po | ay ya | our tuition | fees? (| Pleas | e tick) | | | | | | | | | | | |
| .: B: | Self-Financ | cing | | | | | | | | | | | | | | | |
| ION | Student Lo | ans (| Co. | | | | | | | | | | | | | | |
| SECTION | Sponsored (please provide details below) | | | | | | | | | | | | | | | | |
| | Sponsor/Company Name: | | | | | | | | | | | | | | | | |
| | Address: | | | | | | | | | | | | | | | | |
| | Person responsible: | | | | | | | | | | | | | | | | |
| | Position: | | | | | | | | | | | | | | | | |
| | Other (please provide details) | | | | | | | | | | | | | | | | |
| | Do you ha | 1\/O G | disability? |) | | | | | | | | | | YES | | NO | |
| | (If yes, tick | | | | | | | | | | | | | IES | | NO | |
| | Blind or po | | | | Deaf or hearing impairment Require | | | Require personal care assistant | | | | | | | | | |
| TES | Mental he | alth (| difficulty | | Wheelchair user or impaired mobility | | | | Autistic spectrum disorder (ASD) | | | | | | | | |
| SECTION C: DISABILITIES | Asperger's | s synd | drome | | Unseen disability (e.g. (dy | | | | Specific learning difficulties (dyslexia, dyspraxia, ADHD or a combination of these) | | | | | | | | |
| C: DI | Multiple di (please sp | | | | | | | | | | | | | | | | |
| CTION | Medical c (please sp | | | | | | | | | | | | | | | | |
| SE | | with | Student S | ervices | so th | nat an as | | | lditional nee can be mad | | | | | | | | |
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| | Qualifications completed. If more than 4, | please continue on a separate page. | | | | | | | |
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| | | | | | | | | | |
| | 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 | | | | | | | |
| SNC | Title of Award | Level | | | | | | | |
| D: QUALIFICATIONS | Subject | | | | | | | | |
| | Awarding body | Grade/Classification | | | | | | | |
| QUA | Start date (MM/YYYY) | Date of Award (MM/YYYY) | | | | | | | |
| Д | | | | | | | | | |
| SECTION | Name of previous Institution and location | | | | | | | | |
| SEC | 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.

| | Name and address of current employer | | | | | | | | |
|-------------------------------|--------------------------------------|-------------|--------|------|------------------|----------------------|---------------|-------------------------|--|
| | Current Job | Title | | | | Length of Service | | Full-time/ Part-time | |
| | Dates (MM/ MM/YYYY) | YYYY- | | | | | | | |
| SECTION F: EMPLOYMENT DETAILS | Brief descrip current role | tion of | | | | | | | |
| APLC | Employmen | t History | | | | | | | |
| F: EA | Dates | FT or PT | Job Ti | itle | Employer Details | Brief descrip | tion of dutie | es | |
| SECTION | | | | | | | | | |
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| nation to support your application. |
|---|
| de information on your reasons for choosing the programme of study (e.g. experience, interests, career path and continuing professional development). |
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| | Please give details | s of two referees below (one referee wou | uld normally be expected | to be an acc | ıdemic) | | |
|-----------------------|---------------------------|--|------------------------------|----------------|----------|-----|--|
| | of your nominated | re one reference to support an application of the series. Should we require additional in the eferee should send your reference to the | information, the University | will contact y | our seco | ond | |
| | 1st Referee | | | | | | |
| | Title & Full name | | | | | | |
| | Position | | Telephone / Mobile | | | | |
| S | Relationship to applicant | | 1 | | | | |
| NCE | Email | | | | | | |
| SECTION H: REFERENCES | Address | | | | | | |
| SE | 2 nd Referee | | | | | | |
| | Title & Full name | | | | | | |
| | Position | | Telephone / Mobile | | | | |
| | Relationship to applicant | | | | | | |
| | Email | | | | | | |
| | Address | | | | | | |
| | | | | | | | |
| | | n an ordinary resident in the EU/EEA (apa o the start date of the course? | art from short holidays) for | YES | N | 10 | |
| \CY | Please give further | | | | | | |
| 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 D (DD/MM/YYYY) | ate | | | | |
| | Do you currently live in | the UK? | | | | YES | | NO | |
| | If you are applying from | n within the UK, please gi | ve your UK addr | ess | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Do you currently have a | a visa? If so what type? | | | | | | | |
| | | student visa for the perio | | | | YES | | NO | |
| | | language, you will be red (or equivalent) with a mi | | _ | _ | _ | | | |
| Y N | | ng and listening) before | | · | | | | | |
| NOT FROM THE UK | | en an English language t wwith the most recent firs | | _ | | | | | (OLIF |
| WO | application. | wiin ine mosi receni iiis | si. 100 musi disc | provide copies of | your on | iiciai ies | resu | IIIS WIIII y | 7001 |
| T FR | Name of test | | | | | | | | |
| N | Listening score | | | Reading score | | | | | |
| ARE | Writing score | | | Speaking score | | | | | |
| MHO | Overall Score | | | Date of Test | | | | •• | |
| VTS V | | o add any further informo llege / University progran | | | | | such | as if you | ır |
| UDE | | | | | | | | | |
| J: STUDENTS WHO | | | | | | | | | |
| Z | | | | | | | | | |
| SECTIO | | a Tier 4 visa to study at be required to provide | | | | | | | |
| S | | ent to study in the UK. F | | | | | | | |
| | for a Tier 4 visa to study | g, you will be expected to at the University. We will Please check the UKVI w | I not be able to i | issue a CAS until yo | | | | | |
| | you can apply for a Tie | Sponsor, you will be expe r 4 visa to study at the Un KVI requirements. Please | niversity. We will | not be able to issu | e a CAS | | | | Э |
| | Bureau, please provide | Saudi Arabia and will be your Saudi national ID n | | cial sponsorship fro | m the Sc | audi Ara | bia C | Cultural | |
| | Saudi National ID Number | | | | | | | | |
| | Are you applying through | gh a UWTSD recognised (| agent? If so, ple | ase name the age | nt. | | | | |
| | Agent Name | | | | | | _ | | |
| | Sub-Agent Name | | | | | | | | |



| mme? | | | |
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| u in the future? | | | |
| the UK? | Y | /ES | NO |
| _ | | | |
| Visa Start Date | Visa Expiry Da | ıte | |
| Visa Start Date | Visa Expiry Da | ite | |
| Visa Start Date | Visa Expiry Da | ite | |
| y in the UK? | Υ | /ES | NO |
| was refused M/YYYY) | | | |
| , | mme? the UK? Visa Start Date Visa Start Date Visa Start Date Iy in the UK? was refused | mme? the UK? Visa Start Date Visa Start Date Visa Start Date Visa Start Date Visa Expiry Date Visa Start Date Visa Expiry Date Visa Start Date Visa Fapiry Date | mme? the UK? Visa Start Date Visa Expiry Date Visa Expiry Date Visa Freiry Date |



SECTION L: DECLARATION

CHECKLIST

SECTION M:

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.

I give permission for the University of Wales Trinity Saint David to contact UKVI to confirm my UK immigration history and/or status.

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, or as a hard copy by post to the relevant campus address below:

Carmarthen/Lampeter/Wales International Academy of Voice (Cardiff) Campus applications:

admissions@uwtsd.ac.uk

Admissions Office, Registry, UWTSD, College Road, Carmarthen, SA31 3EP, UK

Swansea Campus applications: admissions@uwtsd.ac.uk

Admissions Office, Registry, UWTSD, 1st Floor, Llys Glas, Alex Building, Alexandra Road, Swansea, SA1 5DU, UK

London Campus applications: <u>londonadmissions@uwtsd.ac.uk</u>
UWTSD, Winchester House, 11 Cranmer Road, London, SW9 6EJ, UK

Please ensure that you enclose 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 (only applicable to certain programmes).

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