

MAYUR UNIVERSITY

APPLICATION FORM

Office Use Only

Applicant Number

Date Received:

DD MM YYYY

SECTION 1

Please return the completed Form to progadmin@gmail.com

Details entered on this Form will be transferred to computer. This information will be treated confidentially in accordance with the Data Protection Act, 1998.

YOUR CHOICE OF COURSE (Please use CAPITAL letters)

Please state which course you wish to study:

Please indicate your proposed start date: DDMMYYYY

Some courses are available in several modes of study.

Where this is the case, please indicate (X) your preferred

mode of study:

Attendance mode ()

Distance Learning ()

PERSONAL INFORMATION (Please use CAPITAL Letters)

Title (eg: Ms/Mrs/Mr/Dr)

Surname (Family name):

First name(s)

Gender: Male:

Female:

Date of birth: DDMMYYYY

Home address

Post code:

Telephone: Home:

Work:

email:

Mobile:

Nationality:

Country of birth:

Country of domicile or permanent residence:

Non European Union (EU) Applicants only

Applicants **NOT** born in the EU, please state

Date of first entry to the EU: DDMMYYYY

Date of most recent entry to the EU: DDMMYYYY

Date from which you have been granted

Exceptional leave to remain in the UK: DDMMYYYY

Full refugee status in the UK: DDMMYYYY

Indefinite leave to remain in the UK: DDMMYYYY

Date on which Student Visa was issued (if applicable): DDMMYYYY

SECTION 2

Previous Education and Work Experience

Please give the title of any courses or examinations you have previously undertaken. Please write 'pending' in the Results/Grades column if you are awaiting the result of any examination. You

should include any recent training and professional updating that may be relevant to the course you wish to study at MAYUR University)

Course/Examination

Subject(s)

Year Taken

Result/grade

(Please provide details of title, level (degree/diploma/certificate), issuing body, country)

Membership of Professional organization(s)

(Please give your registration number where relevant)

INFORMATION TO SUPPORT YOUR APPLICATION

Please use this section of the form to provide information to support your application, including your reason(s) for wishing to take this course of study and the benefits you expect to gain from it.

How did you hear of the course you wish to study at MAYUR University?

- MAYUR website
- Personal experience of study at MAYUR
- Word of mouth
- Careers advice (eg: at school)
- Course recommended by employer
- Leaflet or flyer posted to you
- Information emailed to you
- Other

SECTION 3

Equal Opportunities Monitoring

Please note that this section of the form will be detached before your application for a course is considered.

Surname:

Date of birth: DDMMYYYY

Ethnic Origin

MAYUR is committed to the pursuit of equality and social justice and has a policy of equal opportunities. Please help us to evaluate the effectiveness of this policy.

Please indicate (X) which you feel best reflects your ethnic origin:

- White (British)
- White (Irish)
- White (Scottish)
- Irish Traveller
- Other White background
- Black or black British (Caribbean)
- Black or black British (African)
- Black other

- Asian or Asian British (Indian)
- Asian or Asian British (Pakistani)
- Asian or Asian British (Bangladeshi)
- Chinese
- Asian other
- White and Black (Caribbean)
- White and Black (African)
- White and Asian
- Other mixed background
- Other ethnic background
- Information refused

DISABILITY

MAYUR welcomes and supports students with learning difficulties and other disabilities. To help us to provide appropriate services, please indicate (X) if you have any special needs.

- No disability
- Special needs:

DECLARATION

To the best of my knowledge, the information I have given in this form is correct.

Signature of the applicant:

Date: