

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.

	Have you previously applied to UWTSD?	If you have pleas	e tick Yes		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							
SECTION A: PERSONAL DETAILS	County/State Post/Zip Code Country Home Telephone Number Mobile Phone Number							
	Email							
	Address where you will live during study	(if different to perman	ent address)					
	County/State							
	Post/Zip Code							
	Country			ı				ı
	Are you a member of UWTSD staff?			ļ	YES		NO	
	Do you have any current or previous crir	minal convictions?	Answer accor	dingly	YES		NO	
	If you have answered YES, you will be as a separate form	ked to provide details	of the conviction c	and the r	nature o	f the	offence	on



	Qualificati	on fo	or which yo	ou are	apply	/ing									
	Programm	e Title	е												
		A, BSc	c, BEng, C	IPD, Gr	ad C	HND, Found Cert, Grad Di PCET)									
	Starting may year of into for (MM/Y)	onth ake c	and		,										
FINANCE	Point of entry applied for (i.e. Year 1/2/3)														
ంఠ	Mode of S (Please tic			Full-tiı	me		Part-time			Sandwich		Other			
OPTIONS	Do you wis	sh to	study on c	campu	s or c	r as a Distance student? (Please tick)			ick)			Pre-BA applicant, distance			lease
	Cardiff		Carmart	hen		Lampeter		London			Swansea		Dista	nce	
STUDY	Who will p	ay yc	our tuition	fees? (Pleas	e tick)	Pleas	e tick acco	rding	gly					
	Self-Financ	ing													
Student Loans Co. Sponsored (please provide details below)															
SEC	Sponsored (please provide details below)														
	Sponsor/Company Name:														
	Address:														
	Person responsible:														
	Position:														
	Other (ple	ase p	orovide de	etails)											
	Do you ho	ive a	disability?	?				Aı	nsw	er a	ccordingly	YES		NO	
	(If yes, tick	all th	nat apply)			I					<u> </u>				
	Blind or po	artially	y sighted			Deaf or hearing impairment				Require personal care assistant					
LITIES	Mental he	alth (difficulty			Wheelchai mobility	r user	or impaired		Autistic spectrum disorder (ASD)					
SECTION C: DISABILITIES	Asperger's	sync	drome			Unseen dis diabetes c				(pecific learni dyslexia, dysp combination o	raxia,	ADHD		
Ü	Multiple di (please sp												,		
CTIO	Medical c (please sp														
SEC		with	Student S	ervices	so th	nat an assess		dditional nee can be mad							



You mus	t fill in the qualification
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)



	Qualifications pending. If more than 4, please continue on a separate page.							
	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)						
0	Name of Institution and location							
SECTION D: QUALIFICATIONS CONTINUED	Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
ONT	Title of Award	Level						
IS C	Subject							
TION	Awarding body							
FICA	Start date (MM/YYYY)	Expected Date of Award (MM/YYYY)						
JALI								
): QI	Name of Institution and location							
ON	Dates attended (MM/YYYY-MM/YYYY)	Full-time/Part-time						
ECTI	Title of Award	Level						
S	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 c current emp		of							
	Current Job	Title					Length of Service		Full-time/ Part-time	
	Dates (MM/ MM/YYYY)	YYYY-								
SECTION F: EMPLOYMENT DETAILS	Brief description of current role									
\PLO)	Employment History									
F: EN	Dates	FT or PT	Job Title		Employer De	tails	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).
EMENT	
SECTION G: PERSONAL STATEMENT	
: PERSON	
CTION G	
SE	



	We normally require of your nominated i	of two referees below (one referee wo e one reference to support an applica- referees. Should we require additional eferee should send your reference to the	tion. Please forward the U information, the University	niversity refere y will contact y	nce fo our se	rm to a				
	this form.									
	1 st Referee	Please fill in the referee's deta	ails							
	Title & Full name									
	Position		Telephone / Mobile							
S	Relationship to applicant									
<u> </u>	Email									
SECTION H: REFERENCES	Address									
SEC	2 nd Referee	Please fill in the referee's detail	S							
	Title & Full name						<u>—</u>			
	Position		Telephone / Mobile							
	Relationship to applicant									
	Email									
	Address									
		an ordinary resident in the EU/EEA (ap the start date of the course?	art from short holidays) for	YES		NO				
ICY	Please give further	details								
SECTION I: RESIDENCY	Date of first ontry to	o live in the UK (DD/MM/YYYY)								
	Date of first entity to	אוואוויםאוו אוויםאוו אוויםאוו אוויםאוו ע								



	Please complete this se	ction if you are NOT from the UK										
	Passport Number		Passport Expiry Do (DD/MM/YYYY)	ate								
	Do you currently live in the UK?											
	If you are applying from within the UK, please give your UK address											
	Do you currently have a	<u> </u>	Yes for MA and an applicant, No	for		1						
	Will you require a Tier 4	student visa for the period of your studie:	Pre-BA applic	ant	YES		NO					
NOT FROM THE UK	If English is not your first language, you will be required to provide evidence of English language in the form of a current IELTS certificate (or equivalent) with a minimum overall score of 6.0 (to include a minimum score of 5.5 in reading, writing, speaking and listening) before you will be accepted onto a programme of study. 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											
O	application. Name of test	Please fill in if you have IELT	O SCOLE									
ARE N	Listening score		Reading score									
0 A	Writing score		Speaking score									
S WH	Overall Score		Date of Test									
JDENT	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											
SECTION J: STUDENTS WHO	requirements. You will	a Tier 4 visa to study at this University, y be required to provide evidence to she ent to study in the UK. Full details can b	ow that you have	one ye	ar's tuiti	on fe	es, and	the				
	If you are Self-Financing, you will be expected to provide bank statements for us to check before you can apply for a Tier 4 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. 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 Tier 4 visa to study at the University. We will not be able to issue a CAS until your financial											
	If you are a national of	KVI requirements. Please check the UKVI Saudi Arabia and will be receiving financ your Saudi national ID number below			audi Ara	bia C	Cultural					
	Saudi National ID Number	your ododi Harional ID Hombot below										
		gh a UWTSD recognised agent? If so, ple	ase name the ager	nt.								
	Agent Name											



		you have a genuing udy at this University	r. Please answer th	e following questions							
	You must fill in this page too Why have you chosen to study in the UK?										
	Willy flave you ch	oseri io siody in ine	UNŸ								
ATION HISTORY	Why have you ch	osen to study at UW	ISD\$								
ID IMMIGR											
AA	Why have you chosen to study this programme?										
RNATIONAL APPLICANTS - VISA AND IMMIGRATION HISTORY	How do you think	your studies will help	o you in the future?								
~			ly in the UK2	A nower cooper	dinaly	YES	NO				
	Have you ever red	ceived a visa to stud	IV III III CORV	Answer accor	ug.,						
	If yes, please prov		y III IIIe OK	Answer accor	ag.y						
			Visa Start Date	Answer accor	Visa Expiry	Date					
	If yes, please prov			Answer accor							
	If yes, please prov Type of Visa		Visa Start Date	Answer accor	Visa Expiry	Date					
SECTION K: INTERI	If yes, please prov Type of Visa Type of Visa Type of Visa		Visa Start Date Visa Start Date Visa Start Date	Answer accor	Visa Expiry Visa Expiry	Date	NO				
	If yes, please prov Type of Visa Type of Visa Type of Visa Have you ever be	ide details below	Visa Start Date Visa Start Date Visa Start Date study in the UK?	Answer accor	Visa Expiry Visa Expiry	Date Date					



SECTION L: DECLARATION

SECTION M: CHECKLIST

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
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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, Mount Pleasant, Swansea, SA1 6ED, UK

London Campus applications: londonadmissions@uwtsd.ac.uk
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