

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?		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 permanent address)				
	County/State					
	Post/Zip Code					
	Country					
	Are you a member of UWTSD staff?		YES		NO	
	Do you have any current or previous crir	ninal convictions?	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	on fo	r which yo	ou are	apply	ying											
	Programm	e Title	Э														
	Qualification aim (e.g. Cert HE, HNC, HND, Foundation Degree, BA, BSc, BEng, CIPD, Grad Cert, Grad Dip, PG Cert, PG Dip, MA, MBA, MSc, PGCE, PCET)																
ш	_	ing month and of intake applied MM/YYYY)															
FINANC	Point of enfor (i.e. Yea																
ంఠ	Mode of St (Please tic			Full-ti	me			Part	-time		San	dwich		Other			
TIONS	Do you wis	sh to	study on c	campu	s or c	ıs a Distc	nce	stude	ent? (Please ti	ick)							
Y OPTI	Cardiff		Carmart	hen		Lampe	ter		London			Swansea			Disto	ınce	
STUDY	Who will po	ay yc	our tuition t	fees? (Pleas	e tick)											
N B: S	Self-Financing																
TION	Student Loans Co.																
SECTIO	Sponsored (please provide details below)																
	Sponsor/Company Name:																
	Address:																
	Person responsible:																
	Position:																
	Other (please provide details)																
	Do you ha	ive a	disability?	?									,	YES		NO	
	(If yes, tick	all th	nat apply)			1											
	Blind or po	artially	y sighted	Deaf or hearing impairment Requ			Require personal care assistant										
LITIES	Mental he	alth (difficulty			Wheel mobilit		user	or impaired			utistic spe					
C: DISABILITIES	Asperger's	sync	drome			Unseer diabet					(pecific lec dyslexia, d combinatic	yspro	axia, A	ADHD		
N C: I	Multiple di (please sp																
SECTION	Medical c (please sp																
SE		with	Student S	ervices	so th	nat an a			dditional nee can be made								



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 descrip current role	tion of							
\PLO)	Employmen								
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	



	Please aive details	s of two referees below (one referee wou	uld normally be expecte	ed to be an acc	ndemic)			
	Thease give details	on two reletees below (one reletee woo	na normany be expecte	ed to be all acc	ademicj			
	We normally require one reference to support an application. Please forward the University reference form to one of your nominated referees. Should we require additional information, the University will contact your second referee. Your first referee should send your reference to the relevant University campus address listed at the end of this form.							
	1 st Referee							
	Title & Full name							
	Position		Telephone / Mobile					
S	Relationship to applicant							
Z	Email							
SECTION H: REFERENCES	Address							
SE	2 nd Referee							
	Title & Full name							
	Position		Telephone / Mobile					
	Relationship to applicant		1					
	Email							
	Address							
	Will you have beer three years prior to	n an ordinary resident in the EU/EEA (apa o the start date of the course?	ırt from short holidays) f	for YES	NO			
ICY	Please give further	details			<u> </u>			
SECTION I: RESIDENCY								
	Date of first entry to	o live in the UK (DD/MM/YYYY)						



	Please complete this se	ection if you are NOT from the UK									
	Passport Number		Passport Expiry Date (DD/MM/YYYY)								
	Do you currently live in the UK?										
	If you are applying from	n within the UK, please give your UK add	lress		1						
	Do you currently have o	a visa? If so what type?									
	Will you require a Tier 4	student visa for the period of your studie	-şş	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 application.										
NOT	Name of test										
ARE	Listening score		Reading score								
연	Writing score		Speaking score								
N S	Overall Score		Date of Test								
SECTION 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										
SECTI	If you are applying for a Tier 4 visa to study at this University, you must be able to meet the UKVI Tier 4 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 www.gov.uk/tier-4-general-visa 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 documents meet the UKVI requirements. Please check the UKVI website for full details. If you are a national of Saudi Arabia and will be receiving financial sponsorship from the Saudi Arabia Cultural Bureau, please provide your Saudi national ID number below										
	Saudi National ID Number	all at IIIMTCD vac a series at a series at a series at	2022 2022 - Ha								
		gh a UWTSD recognised agent? If so, pla	ease name the agent.								
	Agent Name										



	interview. Please k asked to attend a demonstrate that	be aware that the ir UKVI interview as p you have a genuin	nterview will be rec art of your UKVI Tie e interest in the pro	sity, the University will rorded and retained for 4 application. This was gramme you have ap	or our records vill give you th oplied for, an	s. You m ne oppor d to exp	nay also be tunity to lain why you			
	possible.			e following questions	by providing	as mucr	n information as			
	Why have you cho	osen to study in the	NK\$							
N HISTORY	Why have you chosen to study at LIWTSD2									
IMMIGRATIO	Why have you chosen to study at UWTSD?									
AND	Why have you ch	osen to study this pr	ogramme?							
RNATIONAL APPLICANTS - VISA AND IMMIGRATION HISTORY	How do you think your studies will help you in the future?									
SECTION K: INTER	Have you ever red	ceived a visa to stud	dy in the UK?			YES	NO			
끋	If yes, please prov	ide details below								
	Type of Visa		Visa Start Date		Visa Expiry [Date				
SEC	Type of Visa		Visa Start Date		Visa Expiry [Date				
	Type of Visa		Visa Start Date		Visa Expiry [Date				
	Have you ever be	en refused a visa to	study in the UK?			YES	NO			
	·	below of why your e of the refusal? (D								
		, , , , , , , , , , , , , , , , , , ,	. , ,							



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