

Application form

1. Fill in all sections of the form
2. Attach certified copies of academic transcripts and examination results (translated if not in English) and SELT results if you have them
3. Send to Kaplan International Colleges (details on the next page)

1. Contact details

Family name or surname (as on passport):		Nationality:	
First name (as on passport):		Passport number:	
Middle name(s):		Email address (compulsory)	
Gender: (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of birth (dd/mm/yyyy):		Will you be under the age of 18 when your programme is due to start? (please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address		Address for correspondence (if different from your home address):	
Postcode: Country:		Postcode: Country:	
Telephone:		Telephone:	
Mobile:		Mobile:	
Parent/Guardian/Next of Kin name:		Relationship to student (eg. father):	
Telephone:		Email:	

2. Programme and degree course choices

<p>Kaplan International College London programme choice (please ✓):</p> <p><input type="checkbox"/> English course leading to an academic pathway programme</p> <p><input type="checkbox"/> Foundation Certificate in Business, Law and Social Sciences</p> <p><input type="checkbox"/> Foundation Certificate in Science and Engineering</p> <p><input type="checkbox"/> Graduate Diploma in Business, Law and Social Sciences</p> <p><input type="checkbox"/> Graduate Diploma in Science and Engineering</p> <p>Academic programme state date (please check availability and ✓):</p> <p><input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> February* <input type="checkbox"/> May</p> <p>* Available for two-term Graduate Diploma in Business, Law and Social Sciences only</p>	<p>Academic programme length (not including English course) - please ✓:</p> <p><input type="checkbox"/> Two terms <input type="checkbox"/> Three terms <input type="checkbox"/> Three terms with Enhanced University Preparation**</p> <p>** Available for Graduate Diploma programmes only</p> <p>Please state your university (please ✓) and progression degree choice below:</p> <p><input type="checkbox"/> City University London <input type="checkbox"/> Cranfield University</p> <p><input type="checkbox"/> The University of Westminster</p> <p>University degree</p>
--	---

3. Education history

Please list all schools, colleges and universities attended since the age of 11.

Institution (name and country)	Dates attended (from - to)	Qualification awarded

4. English language proficiency

English proficiency test results will be required, pre-enrolment, for all students who are not a national of a majority English-speaking country (a list of exempt countries is available on the UKBA website). Have you taken a recognised Secure English Language Test (IELTS, TOEFL iBT, TOEIC, Cambridge ESOL, City and Guilds, Pearson, Edexcel, Trinity College London)? Please ✓:

Yes No If yes, please enter the test name and your overall score in the corresponding **blue** box below and your individual listening, reading, writing and speaking scores in the relevant **pink** boxes, if applicable. If you have not taken a recognised English language test, you can still apply and we will make you an offer with the condition that you have the result of a Secure English Language Test before you submit your visa application.

Name of test	<input type="text"/>	Overall score	<input type="text"/>
Listening	<input type="text"/>	Reading	<input type="text"/>
Writing	<input type="text"/>	Speaking	<input type="text"/>



5. Declaration of criminal record

Do you have any criminal convictions in any country – excluding spent convictions and minor motoring offences? (please ✓)

Yes No

6. Employment history

How many years of full-time work experience do you have?

Please describe the most recent full-time position you have had which lasted at least 12 months. Any previous work history should be included by attaching an extra sheet or CV to your application.

Employer:

Dates (from - to):

Main responsibilities:

7. Agent information

Do you have an educational agent? Yes (please provide details) No

Agent name:

City:

8. Insurance

Do you have comprehensive travel, health and academic insurance? Yes No

If yes, please submit a copy of your insurance policy document. If no, we will contact you with more information about Kaplan Care once your application has been accepted. Comprehensive insurance for the duration of your studies is compulsory. Failure to disclose relevant medical information might affect the validity of your insurance policy.

10. Declaration

I declare that the information I have supplied on and with this form is complete and correct. I understand that Kaplan International College London may need to process and store my information in countries outside the UK (and not subject to UK Data Protection laws), such as the United States or other countries where we have offices or service providers. I consent to the transfer of my information to these other countries. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of my enrolment. I have read, understood and agreed to the terms and conditions and fees of Kaplan International College London as outlined on the Kaplan International College London website. I undertake to pay the fees incurred as they are due and understand that Kaplan International College London fees may increase. I authorise Kaplan International College London to supply any relevant data to partner universities and to supply official records of my progress at Kaplan International College London to my parents, guardian, sponsor or their nominee.

I can confirm I have read, understood and agree to the declaration above (please ✓) Yes No

Name:

Date:

To be completed by the applicant's parent or guardian if the applicant is under 18 years of age:

I confirm I have read, understood and agree to the declaration above on behalf of the applicant (please ✓) Yes No

Name:

Date:

11. Final checklist

Please check you have supplied all the required information in this check-list:

- 1. Complete all sections of the application form Yes
2. Confirm you agree to the declaration above Yes
3. Attach certified copies of academic transcripts and examination results (with certified translations if not in English) and Secure English Language Test Results Yes
4. Send your application and copies of supporting documents specified in part (3) to:

Post: Application and Admissions Centre, Kaplan International Colleges, 2nd Floor, Warwick Building, Kensington Village, Avonmore Road, London W14 8HQ, United Kingdom

Email: info@kiclondon.org.uk Fax: +44 (0) 20 8727 3501

or send to your Kaplan representative or Kaplan International Colleges office.

9. Medical information

Kaplan International Colleges is committed to equality of opportunity and aims to provide an inclusive learning environment for students with special needs or disabilities. To help us best support you, please provide as much information as you can on your particular needs.

Do you have any medical conditions? Yes No

If yes, please give details of any medical conditions, disabilities or allergies that require attention or notification and any prescribed medication taken regularly (this will not affect your application).

Empty box for medical conditions details

Completion and signing of this form gives Kaplan permission to administer first aid by trained staff first aiders if required.

Do you consider yourself to have a disability? Please specify below.

- No disability
Physical impairment or mobility issues such as difficulty using your arms or using a wheelchair or crutches
Blindness or serious visual impairment uncorrected by glasses
Deafness or serious hearing impairment
Long-standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy, asthma or sickle-cell anaemia
Specific learning disability such as dyslexia, dyspraxia or ADHD
Mental health condition such as depression, schizophrenia or anxiety disorder
Social/communication impairment such as Asperger's syndrome or other autistic spectrum disorder
Disability, impairment or medical condition that is not listed above

On a separate sheet please provide further details of the nature of your disability and the support you would require. Please note that some support mechanisms might take considerable time to organise, such as books in Braille format or alterations to buildings. We ask therefore that you include as much as information as possible. Failure to disclose relevant medical information might affect the validity of your insurance policy.

Kaplan will ensure all personal data enclosed will be used only to plan appropriate support. Kaplan might need to disclose appropriate and relevant details to partner universities to facilitate this process.

I agree to appropriate, relevant details being used in this way.