



**SOUTH
EASTERN
REGIONAL
COLLEGE**

INSPIRING | TRANSFORMING | ENRICHING

INTERNATIONAL STUDENT APPLICATION FORM FOR FULL TIME COURSES (Non-EU students only)

Return to:

International Office
South Eastern Regional College
Lisburn Campus
25 Castle Street, Lisburn, United Kingdom BT27 4SU
t: + 44 028 9262 6752 f: +44 028 9267 7291

OFFICE USE ONLY

Student ID: _____

Received: _____

ALL SECTIONS OF THIS FORM MUST BE COMPLETED (EXCEPT SHADED AREAS)

PERSONAL DETAILS

TITLE: MR/MRS/MISS/MS.....

SURNAME/FAMILY NAME:..... FIRST NAME(S):.....

(This should be the name you wish to appear on your 'VISA LETTER')

DATE OF BIRTH: ___ / ___ / ___ NATIONALITY:.....

ADDRESS:.....

(Please include country and postcode)

.....

TELEPHONE NUMBER (Please include country and city codes).....

E-MAIL:.....

NEXT OF KIN:

RELATIONSHIP TO YOU:.....

CONTACT ADDRESS & NUMBER FOR NEXT OF KIN.....

(If you are 16 Or 17 and applying as a 'Child Student', please give name, address and telephone number of a guardian in the United Kingdom)

COURSE INFORMATION

COURSE APPLIED FOR (please write in full)

	YEAR OF ENTRY	COURSE TITLE
1 st Choice		
2 nd Choice		
3 rd Choice		

EDUCATION

T 0845 600 7555 E info@serc.ac.uk W www.serc.ac.uk

Please list your qualifications and send us copies of certificates with English translation if applicable.

College / University / Other 3rd Level Institution Qualifications (Starting with most recent)

Name and Address of Institution	Qualifications Gained	Year of Completion

Secondary / Senior / High School Qualifications

Name and Address of Institution	Qualifications Gained	Year of Completion

ENGLISH LANGUAGE QUALIFICATIONS

(please include copies of certificates when submitting application forms)

Name of Exam e.g. IELTS or TOEFL	Date	Score / Band

EMPLOYMENT HISTORY

Name of Organization	Dates		Job Title / Main Duties
	From	To	

HOW DID YOU HEAR ABOUT THE COURSE?

HIGHER EDUCATION GUIDE BRITISH COUNCIL OVERSEAS AGENT

FAMILY AND FRIENDS COLLEGE OPEN DAY COLLEGE WEBSITE

COLLEGE PROSPECTUS/LITERATURE NEWSPAPER ADVERT

If other please specify.....

OTHER INFORMATION

T 0845 600 7555 E info@serc.ac.uk W www.serc.ac.uk

GENDER: MALE FEMALE

MARITAL STATUS SINGLE MARRIED/CO-HABITING SEPARATED/DIVORCED WIDOWED

COMMUNITY BACKGROUND CATHOLIC PROTESTANT OTHER CHRISTIAN NON CHRISTIAN NO RELIGION
NOT STATED

ETHNICITY (Please tick relevant box)

WHITE BLACK CARIBBEAN BLACK AFRICAN BLACK OTHER INDIAN PAKISTANI BANGLADESHI
CHINESE OTHER INFORMATION REFUSED/NOT KNOWN IRISH TRAVELLER MIXED OTHER

LEARNING SUPPORT

If you have any reason to believe you may require additional assistance due to a health problem or disability, please tick the box.
Students/Trainees should draw any immediate difficulties to the attention of College staff immediately on joining a class. The College shall take reasonable time to consider your special requirements and will take such steps as are reasonable in facilitating these requirements.

SPECIFIC LEARNING DISABILITY (DYSLEXIA/DYSPRAXIA/ADHD/ADD) MENTAL HEALTH DIFFICULTY

BLIND OR PARTIALLY SIGHTED UNSEEN/HIDDEN DISABILITY

DEAF OR HARD OF HEARING TWO OR MORE OF THE ABOVE

WHEELCHAIR OR MOBILITY DIFFICULTY OTHER DISABILITY, SPECIAL NEED OR MEDICAL CONDITION

DATA PROTECTION

I understand the information provided by me will be handled in accordance with the Data Protection Act 1998 and may appear in Examination Certificates awarded to me. I also agree to notify the college of any changes to my personal details. The College adheres to the principles of Data Protection legislation. The College may wish to contact you for research purposes or to offer other education products.

If you have an objection to this, please tick here.

STUDENT DECLARATION

I agree to abide by the rules of the College and attend classes, tutorials, produce assignments and other work as required by the teaching staff. I have read, understood and agree to abide by the College's Acceptable Use Policy in relation to the use of the Internet through College networks. I certify that the details on this form are correct and, after noting these conditions, wish to enrol for this course. I undertake to pay all appropriate fees related to this course and understand that fees will only be refunded where a course does not run or is oversubscribed.

Signature of Applicant..... Date.....

OFFICE USE

ENROLMENT METHOD IN PERSON BY POST BY TELEPHONE

Application Received by:

Total fee (per annum)..... Fee Paid in advance..... CASH CHEQUE CREDIT CARD DEBIT CARD

RECEIPT N NUMBER.....

FACULTY CONTACT:

Application Status:

.....
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