



University of
HUDDERSFIELD

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Application Form

Solely for use for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.



Please read the accompanying 'Notes for Guidance' before completing this form. Please complete this page in block capitals.

1. Personal Details	Title: Mr/Ms/Miss/Mrs etc.	
Surname/Family Name (BLOCK CAPITALS)		
First name(s)		
Previous surname, if any		
Correspondence address		
Postcode		
Telephone No (inc dialling code) Daytime		
Evening		
Mobile No		
Email Address		
Fax No		
Home address (if different to correspondence address)		
Postcode		
Telephone No (inc dialling code) Daytime		
Evening		
Mobile No		
Email Address		
Fax No		

Gender: Male (M) Female (F)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your age on 31st December in year of entry

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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2. Fee Status

Country of Birth

Nationality

Country of domicile or area of permanent residence

Applicants not born in the European Union please state:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of first entry to the EU

Date of most recent entry into the EU

Date from which you have been granted permanent residence in the EU

Payment of fees

Who is expected to pay your fees?
(research Council, LEA, yourself, family member, employer, other)

Research Council

Local Education Authority (LEA)

Yourself

Family Member

Employer

Other

3. Details of course(s) to which you wish to apply

Month and year in which you wish to start

Course Title	Mode of study: please state full-time/sandwich/part-time/other. Please specify	Stage/year of entry
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This information will be kept separately from your application and be held purely for statistical use in connection with monitoring
(Please check or complete the boxes as appropriate)

Equal Opportunities

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> White - English | <input type="checkbox"/> Asian or Asian British - Indian |
| <input type="checkbox"/> White - Welsh | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Other Asian Background |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Other Ethnic Background | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> Other Mixed Background |
| <input type="checkbox"/> Other Black Background | <input type="checkbox"/> Information refused |

Disability/Special needs

- | | |
|--|---|
| <input type="checkbox"/> No known disability | <input type="checkbox"/> A disability not listed – please state: |
| <input type="checkbox"/> Deaf/hearing impaired | _____ |
| <input type="checkbox"/> Mental health difficulties | _____ |
| <input type="checkbox"/> Multiple disabilities | _____ |
| <input type="checkbox"/> Blind/partially sighted | Please state any physical or other disability or medical condition which may
require special arrangements. |
| <input type="checkbox"/> Personal care support | _____ |
| <input type="checkbox"/> Unseen disability eg diabetes | _____ |
| <input type="checkbox"/> Dyslexia | _____ |
| <input type="checkbox"/> Autistic spectrum disorder | _____ |
| <input type="checkbox"/> Wheelchair user/mobility problems | _____ |

Please indicate how you heard of these courses:

- University prospectus
- University website
- University Open Day
- Newspaper
- Careers Adviser/event
- Radio/TV
- Family/friend
- Other _____

Declaration:

For the purposes of current data protection legislation, I agree that the information may be recorded and processed by the University of Huddersfield in order to produce statistics to support the monitoring of its Equal Opportunities and Diversity Policy.

Signature _____

Date _____

Many thanks for your co-operation in providing this information