

Please type or print in black ink and complete in **BLOCK CAPITALS** if hand-written.

Personal Information (for name, please state this as it appears on your passport) (REQUIRED)	
Title (e.g. Mr/Miss/Mrs):	Forename(s):
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	Home telephone:
Mobile telephone:	National Insurance No:
E-mail address:	
Permanent address:	
Country:	Post code:

Course location applied for (REQUIRED)	
MBA (Senior Leader Degree Apprenticeship)	London Birmingham Manchester Bristol Newcastle Leeds

Intake year	2 0 _ _
Intake month	<input type="checkbox"/> Jan <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> Oct

Current company contact details			
Please provide the name and details of your current employer who may be contacted regarding your employment.			
Company Name:			
Address:			
Telephone:		Employer email address	
Your employee email address			

Disability, Medical Conditions or Learning Support (REQUIRED)

The University and QA encourage you to disclose any disability/medical condition or other need which could impact your ability to study. This information does not affect our decision to offer you a place. By providing this information on your application form, our support teams can assess if we need to provide further support to you. Please tick all that apply:

- | | | | |
|---------------------------------|----------------------------|----------------------------------|----------------------------|
| No Disability | <input type="checkbox"/> 0 | Learning Difficulty | <input type="checkbox"/> 1 |
| Blind/Serious Visual Impairment | <input type="checkbox"/> 2 | Deaf/Serious Hearing Impairment | <input type="checkbox"/> 3 |
| Wheelchair User/Mobility Issues | <input type="checkbox"/> 4 | Personal Care Support | <input type="checkbox"/> 5 |
| Mental Health Condition | <input type="checkbox"/> 6 | Unseen Disability: e.g. Diabetes | <input type="checkbox"/> 7 |
| Autistic Spectrum/Asperger's | <input type="checkbox"/> T | Other disability not listed here | <input type="checkbox"/> 9 |

Please detail other disability or additional support needs:

Residential Information/Visas

Please provide information relating to your nationality and residence. Attach copies of any pertinent Home Office documentation. Further information may be requested.

Country of permanent residence

If UK, please give County/Borough: _____

Have you lived in the UK/EEA for 3 years prior to the course start date? Yes No

Country of birth: _____

Nationality (as on passport): _____

If you are a non EEA/UK national please answer the following questions:

Passport number (include copy of photo page with ADP): _____

Have you ever lived outside the UK/EU? Yes No

If Yes, please indicate date of entry to the UK/EU: _____

Do you currently have a UK Visa? Yes No

If Yes, enter type, expiry date and Visa number: _____

Have you been granted indefinite leave to remain? Yes No

If Yes, enter date: _____

Have you previously completed an Apprenticeship Yes No

If Yes, please provide the details and title of the course:

School/college and university education in the UK or overseas (REQUIRED)

Please outline your previous school, college, education and qualification history, starting with your most recent education. This should include all secondary education onwards studied in the UK or overseas, including study that was not completed.

From	To	Institution	PT/FT/SW	Qualifications

Highest qualification

Please enter your highest level of education, e.g. A levels/BSc/MSc: _____

If this award was taken in the UK enter institution name: _____

If taken elsewhere please enter name and country: _____

Additional training (IF APPLICABLE)

Please list below any additional training, skills or certifications you have completed that you would like to be considered with your application.

Subject	Organisation	Completion date (MM/YY)

Employment history (REQUIRED)

Please submit a copy of your most recent CV detailing your current and previous employment.

English Language Proficiency (IF APPLICABLE)

Have you studied English at GCSE level or equivalent as part of any previous qualification? **If yes, please provide details below:**

Qualification name:

Grade:

Year completed:

Mathematics Proficiency (IF APPLICABLE)

Have you studied Mathematics at GCSE level or equivalent as part of any previous qualification? **If yes, please provide details below:**

Qualification name:

Grade:

Year completed:

Emergency Contact Details (REQUIRED)

Please fill this out so that we know whom to contact in the event of an emergency.

Full name:

Relationship:

Address:

Phone number:



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Checklist

Please tick the boxes to confirm which copies of the following documents you have sent with your application.

Copy of passport personal details page

Yes

Proof of UK Residency Status (IF REQUIRED)

Yes

Copy of previous qualifications, including final certificates and transcripts, translated into English (if not in English)

Yes

Employer details

Yes

Resume/Curriculum Vitae (REQUIRED)

Yes



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DECLARATION

I confirm that I understand and agree to the following:

- The information given on this form is correct and complete and that I have completed this form myself.
- I accept that the University and/or QA Limited have the right to cancel my application if it is found that I have provided false or inaccurate information.
- that by submitting my information I am consenting to both QA and Middlesex University acting as data controllers and processing my personal data for educational purposes under the provisions of the General Data Protection Regulations (GDPR). I understand that my information may be shared with 3rd parties (for example information systems) for the sole purpose of facilitating my application to study.
- that if I wish to opt-out of communications from QA or Middlesex University at any point I can do so by writing to QA Higher Education, 5th Floor, 5-7 Hill Street, Birmingham, B5 4UA or emailing 'QAHE.Marketing@qa.com'.

Signed:

Date:

