

Full-time BSc International student application

If you require any assistance in completing this form please contact the Full-time Programmes team on +44 (0) 20 7337 6293/4 or via email at ftp@libf.ac.uk

1. PERSONAL DETAILS

Title: Please tick Mr Mrs Ms Miss

Family name: _____

Given name: (first name) _____

Given name: (middle name) _____

Gender: Male Female

Date of Birth: (DD/MM/YY) ___/___/___

Country of birth: _____

Nationality: _____

(please include a certified, colour copy of your passport)

Student visa required (Please indicate) Yes No

Next of kin:

Name: _____

Relationship: _____

Address: _____

Tel: _____

2. CONTACT INFORMATION

Address where you can be contacted: _____

Tel: _____

Mobile: _____

Email:

Home address (if different from contact address): _____

Tel: _____

7. DISABILITIES/ SPECIAL EDUCATIONAL NEEDS

The London Institute of Banking & Finance can provide some support to students with disabilities or special educational needs. Please help us to assist you with your studies by completing the information below. A Student Services Adviser will then contact you to discuss your needs. Alternatively you can provide confidential information in a sealed envelope marked 'Student Services Adviser'.

- | | | | |
|-------------------------|--------------------------|----------------------|--------------------------|
| Blind/Partially sighted | <input type="checkbox"/> | Deaf/Partial Hearing | <input type="checkbox"/> |
| Dyslexic | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Multiple Disabilities | <input type="checkbox"/> | Wheelchair/Mobility | <input type="checkbox"/> |
| Personal care required | <input type="checkbox"/> | Unseen disability | <input type="checkbox"/> |

8. ETHNIC ORIGIN

To help us monitor the effectiveness of our equal opportunities policy, please complete this section. You are not obliged to supply this information but if you do it will be treated as confidential and used for statistical purposes only.

- | | | | | | | | | | |
|---------------------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|-----------|--------------------------|-------------------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Black – African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Black – Caribbean | <input type="checkbox"/> |
| White – European (inc UK) | <input type="checkbox"/> | Black – other | <input type="checkbox"/> | White – other | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other (please indicate) | <input type="checkbox"/> |
-

9 GENERAL

Do you have any applications to other institutions of Higher Education currently under consideration? Your answer will not prejudice your application. Please specify: _____

Are you applying through an agent? If yes, please give the name and address details of the agent. _____

How did you hear of The London Institute of Banking & Finance? _____

Did you use our website to find out information about The London Institute of Banking & Finance before applying?

Yes No

If Yes, did you find the information you needed?

Yes No

If No, then please tell us what you would like to have found.

10 CRIMINAL INFORMATION

In accordance with the Rehabilitation of Offenders Act 1974 if you have any unspent criminal convictions, you must declare them.

Have you any unspent criminal convictions? (please indicate) Yes No

If Yes, please provide details with your supporting documents indicating the date of conviction, the offence and the sentence.

11. PERSONAL STATEMENT

Please write at least 200 words on the following topic. (Please continue on a separate sheet if necessary)

'Why I want to study my chosen programme and why I want to study at The London Institute of Banking & Finance'

10. DECLARATION

As outlined on The London Institute of Banking & Finance website and terms and conditions information, you are required to read the following online documents* prior to applying for the programme: Student Charter; General and Academic Regulations for Students; Code of Practice for Quality Assurance, and programme and module specifications.

I confirm that the information given on this form is correct, that I have read and understood the relevant documents and that I consent to the processing of my personal and assessment data.**

I promise to observe those provisions of the Charter, by-laws and regulations of The London Institute of Banking & Finance applying to my position as a registered student and member of The London Institute of Banking & Finance.

* The online documents can be found at: www.libf.ac.uk/generalandacademicregulations.aspx

**Please note that all unsigned forms will be returned and will cause delay in the processing of your registration.

Signed _____ Date _____

From time to time, The London Institute of Banking & Finance may wish to send you information on its products and services that may be relevant to you. If you do not wish to receive further information please tick the box:

Please now complete the reference section of this form. Please enclose your references with your application.

All applicants whose first language is not English, please complete section two

Please return this form, certified supporting evidence and references to: **Full-time Programmes, The London Institute of Banking & Finance, 25 Lovat Lane, London, EC3R 8EB, United Kingdom**

To ensure your application is processed as quickly as possible please ensure that you have included all the relevant information and supporting documentation as follows:

- The programme application form fully completed and duly signed
- Two References
- Section two if English is not your first Language
- Certified*, colour copy of your passport
- Certified*, colour copies of your evidence of your qualifications

*Certified copies

Copies of original documents must be certified by an individual of professional standing e.g. teacher, lawyer, doctor or by your employer. To certify a copy the 'certifier' should: (1) State the following on the document 'I have seen the original document and I certify that this is a complete and accurate copy of the original' (2) Write their name, position and/or capacity (e.g. lawyer/employer) and a contact address (3) Add their signature and date.

Section Two

Full-time Programmes

PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK

The London Institute of Banking & Finance
25 Lovat Lane, London, EC3R 8EB, United Kingdom
Tel: +44 (0) 20 7337 6293/4

English Language Education

To be completed by all applicants whose first language **is not** English.

The information provided will be used to assess whether additional English preparation is needed prior to you being accepted for a course of study with The London Institute of Banking & Finance.

Mother tongue: _____

EXAMINATIONS

Please indicate below if you have taken any of the following. Please note that you are required to send certified copies of your English Language qualifications.

Examination title	Examination date	Where taken	Results
IELTS	_____	_____	_____
TOEFL:	_____	_____	_____
Paper based <input type="checkbox"/>	_____	_____	_____
Computer based <input type="checkbox"/>	_____	_____	_____
TWE <input type="checkbox"/>	_____	_____	_____
Cambridge (KET/PET/FCE/CAE/CPE etc) (Please specify):	_____	_____	_____
Other (please specify):	_____	_____	_____

ENGLISH LANGUAGE CLASSES (including classes at school)

Total years of study in English within your own country: _____ Years

Years of study in English at University/Higher education: _____ Years

Years of study in English Abroad: _____ Years

Country and name of institution (s) with dates where you studied in English:

Country: _____

Name of Institution: _____

From / to: _____

Reference I

Full-time Programmes

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The London Institute of Banking & Finance
25 Lovat Lane, London, EC3R 8EB, United Kingdom
Tel: +44 (0) 20 7337 6293/4

To be completed by applicant

1. PERSONAL DETAILS

Title (eg Mr) _____ Given name(s) _____ Family name _____

Address _____

Proposed course of study _____

To be completed by the Academic Referee

The applicant who has asked you to act as a referee is applying for a course of study at The London Institute of Banking & Finance for a degree programme. We would be grateful to have your assessment of his/her ability to follow a course of study at undergraduate level, including an assessment of the candidates motivation and any special factors you feel we should take into account.

1. REFEREE DETAILS

Title (eg Mr) _____ Given name(s) _____ Family name _____

Address _____

Tel Number: _____ Email address: _____

Length you have known the applicant _____ In what capacity? _____

REFERENCE

Please write your assessment here. (Continue on a separate sheet if necessary)

School or college stamp:

Signature: _____ Date: _____

Reference 2

Full-time Programmes

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School or college stamp: _____ Signature: _____ Date: _____