



# Westminster Academy

## Application for admission

Please complete this form in **BLOCK CAPITALS**

Please attach your recent passport size photo

### Course Details

Course Code

Course Title

Start Date

Study Mode

### Personal Details

Title (Mr,Mrs,Miss,Ms etc)

First Name

Surname

*Please state your name in the style you require it to appear on your certificate.*

#### Address

Permanent Home Address

Town
County/State                      Postcode
Country

#### Address for Correspondence

(if different)

Town
County/State                      Postcode
Country

Tel/Mobile

Tel/Mobile

E-mail

Fax

#### Sex

Male

Female

#### Marital status

Married

Single

divorced

Widowed

Date of Birth ...../...../.....(DD/MM/YY)

Country of Birth

Nationality

Mother Tongue

***PS: Please note our minimum age for admission is 18 yrs***

## Academic Record

Please give details of the last two educational establishments attended

Name

Type of Institution (Primary, Secondary, College etc)

Address


Name

Address


Date of Entry

Date of Leaving

Date of Entry

Date of Leaving

## Educational Qualifications

### School Examinations Taken

Year                      Examining body                      Type of Exam                      Subjects taken with grades

Year	Examining body	Type of Exam	Subjects taken with grades

State your level of English proficiency

Beginner  Basic  Intermediate  Advanced

## Diploma or other certificate

Date passed	College	Address	Award/grade

## Other Qualifications (Academic & Professional)

Date	Professional body/awarding institution	Award achieved

## Two References

Please give details of two persons we should contact for reference.

Title ( eg.Dr,Mr,Mrs)

First name

Surname

Address

  
  

Tel

Title ( eg.Dr,Mr,Mrs)

First name

Surname

Address

  
  

Tel

## Sponsor Details (Who is going to pay your fees?)

Relationship .....

First name

Surname

Address

  
  

Tel

## Checklist

- \* Please complete all sections
- \* Include the correct fees(Cheques payable to Westminster Academy ) A place can only be reserved once the fees have been received. Please note that £250 registration fee is not refundable.
- \* Read carefully the rules and regulations in the prospectus before completing this form.Failure to complete the form in full may result in delays processing your application. Please submit all necessary documents.

- Minimum study 21 hours per week

Email

## Residence Status

Do you require a visa permitting you to stay in the UK?    Yes                          No   

If *Yes* please indicate status                      Student                      Visitor   

If *No* please indicate status                      Tourist                      Work Permit   

Other                      |

If other please explain .....  
\_\_\_\_\_

## Equal Opportunities Monitoring

How would you describe your ethnicity    E.g Black Caribbean                          African   

Indian                          White                          Other   

## Health

Are you in Good Health?

Yes

No

Please give details of any medical condition or disability and any way in which we may help you at your interview and whilst at college.

**Please Note: Due to the structural design of the college premises, we are unable to provide wheel chair access, sorry for any inconvenience caused.**

The Disability Discriminations Act identifies support needs as listed below. If you feel that any of the following categories apply to you, please choose where appropriate and add comments accordingly.

- Visual impairment
- Hearing Impairment
- Disability affecting mobility
- Other physical mobility
- Other medical condition (eg. epilepsy, asthma, diabetes)
- Emotional/behavioural difficulties
- Mental ill health
- Temporary disability after illness or accident
- Profound complex disabilities
- Asperser' s
- Syndrome Multiple
- disabilities Other
- No disability
- Not known/information not provided
  
- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism Spectrum disorder
- Multiple learning difficulty
- Other
- No learning difficulty

Support: Have you received any special learning support at school? (eg. Have you had extra time in exams or a statement of educational need?)

Yes

No

If Yes please provide brief details:

Would you like a Learning Support member present at your interview?

Yes:   No

Date .....

Signature.....

**For office use only**

Conditional  Unconditional  Course Code  Student ID

Interviewed Yes/No if Yes Date .....

Declined  Comments .....

Authorized Signature ..... Date .....

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