

**Continuing Professional Development
ENGLISH COURSE APPLICATION FORM**

Please complete the form in BLOCK CAPITALS

1. Surname or Family Name:

2. First Name or Given Name(s):

3. Title (Ms, Mrs, Mr etc.):

4. Address for correspondence:

5. Telephone Number (Day-time):

6. Email:

7. Date Of Birth:

8. Is English your first language? YES/NO
(If 'NO', in what language has your previous education been pursued?)

9. Name the course/module for which you are applying:

10. Please give details of any qualification(s) obtained since leaving school:

11. Please give brief details of work experience relevant to the course/module you wish to take:

12. It would be very helpful to us if you could indicate how you heard about the course/module for which you are applying:

Newspaper or Magazine
(If so, which one?)

Course brochure mailed to me

Course brochure given to be my an acquaintance

Recommended by a friend

Website

Other
(please specify:)

13. Have you previously taken a course at UCL? YES/NO

(If 'YES', please state the type of course (e.g. Undergraduate degree, short course, seminar) and area of study):

14. Please sign and date:

Signed:	Date:
---------	-------

When completed, this form should be set to:

info@icandle.sa

Notes:

- Any applicants with any disability or medical condition may wish to draw this to the attention of the department concerned. Such information will be treated in confidence and is only requested in order that the College may offer advice on what facilities are available for students with disabilities or special medical conditions.
- If your first language is not English, you will need to consult the relevant department for further details of English proficiency requirements.
- Much of the information of a personal nature, which is requested, on this form is required for administrative or statistical purposes. It should be noted that this information will be held and processed electronically and will be covered by the provisions of the Data Protection Act.