

International Summer School Application Form

This form should either be completed electronically using Adobe Acrobat Reader, or if you wish to fill out the form by hand, please complete in BLOCK CAPITALS and use black ink.

SECTION A: PERSONAL DETAILS & STUDY OPTIONS	Title Mr / Miss / Other							
	Surname / Family Name							
	Forenames / Given Names							
	Date of Birth (DD/MM/YYYY)							
	Gender (Please tick)	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>			
	Nationality							
	Country of Birth							
	First Language							
	Passport Number		Passport Expiry Date (DD/MM/YYYY)					
	Permanent / Home Country Address							
	County/State							
	Post/Zip Code							
	Country							
	Home Telephone Number							
	Mobile Phone Number							
	Email							
	Do you have any current or previous criminal convictions (excluding minor motoring convictions)?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If you have answered YES, you will be asked to provide details of the conviction and the nature of the offence on a separate form							
	Title of UWTSD programme which you are applying for							
Co-ordinator's Name at your Home Institution								
Home Institution Name and Address								
Starting month and year of intake applied for (MM/YYYY)								
Where do you intend to study? (Please tick)		Carmarthen	<input type="checkbox"/>	Lampeter	<input type="checkbox"/>	Swansea	<input type="checkbox"/>	

SECTION B: DISABILITIES	Do you have a disability?				YES		NO	
	<i>(If yes, tick all that apply)</i>							
	Blind or partially sighted		Deaf or hearing impairment		Require personal care assistant			
	Mental health difficulty		Wheelchair user or impaired mobility		Autistic spectrum disorder (ASD)			
	Asperger's syndrome		Unseen disability (e.g. diabetes or epilepsy)		Specific learning difficulties (dyslexia, dyspraxia, ADHD or a combination of these)			
	Multiple disabilities (please specify)							
	Medical condition (please specify)							
	Please describe the implications of any disabilities or additional need and/or support required. This information will be shared with Student Services so that an assessment can be made of any reasonable adjustments required to allow you to reach your full potential.							

SECTION C: DECLARATION	<p>The University is a controller in terms of the 1998 Data Protection legislation. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. The data will not be passed to any third party without your consent, except where the University is required by law to do so.</p> <p>By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.</p> <p>By typing your name here, you are signing this form electronically.</p>	
	Signature of Applicant:	Date:

SECTION D: CHECKLIST	<p>This form may be submitted electronically, or as a hard copy by post by using the contact details below:</p> <p>Electronically by e mail to international.registry@uwtsd.ac.uk</p> <p>By post to Immigration Services and Visa Compliance, Registry, UWTSd, Mount Pleasant, Swansea, SA1 6ED, UK</p>	
	Please ensure that you enclose the following:	
	ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION	
	A COPY OF YOUR CURRENT PASSPORT	
	COPIES OF ANY VISAS WHICH YOU HAVE BEEN ISSUED FOR YOU TO STUDY AND/OR STAY IN THE UK	