



Please complete all sections using **BLOCK** capitals

YOUR DETAILS	
Forename:	Date of Birth: / / ____ (under 18 complete Form ISAFb)
Surname:	Tel. No.
Gender: male <input type="checkbox"/> female <input type="checkbox"/>	Mobile No.
Home Address:	Email:
	School last attended:
	Town:
Post/Zip Code:	Nationality:
First Language (if not English):	Country of Permanent Residence:
Emergency Contact Person:	Country of Birth:
Relationship to named person:	Passport Number:
Does this person speak English: Yes/No	Passport Expiry date:
Emergency Telephone 1 (+ISD code)	Emergency Telephone 2 (+ISD code)
COURSE SELECTION	
Course Title: NWRC International Foundation Year	
Intended Start Date: / / ____	Course End Date: / / ____

Education Details				
Qualifications already held you will be required to provide evidence of your results				
Subject	Date	Exam Body	Level	Grade
Examinations to be taken – you will be required to provide evidence of your results				
Subject	Date	Exam Body	Level	Grade
Have you previously studied in the UK?	Yes / No	If Yes, please confirm dates of Study:	From: __/__/____ To: __/__/____	
English Language				
What is your first language?				
Have you taken an international examination to indicate your level of English? (If you have not taken an English exam yet, please give the date of your next test)	Yes / No			

IELTS Score (list all elements) Listening _____ Reading _____ Writing _____ Speaking _____ Overall Grade _____		Date of Test: ____ / ____ / ____
Other English language test (Please specify)		
Accommodation		
Do you need Foyle International to arrange accommodation for you? YES <input type="checkbox"/> NO <input type="checkbox"/> (mark with "x")		
Type of accommodation preferred:		Duration: from ____ / ____ / ____ to ____ / ____ / ____
Allergies:		Do you smoke?
Home Stay accommodation: what type of family would you prefer (indicate with "x" or yes or no) Young: _____ middle aged: _____ retired: _____ with children: _____ with pets: _____		
Any other additional information:		
Agent Details (if applicable)		
Agency Name:		Address:
Email Address:		Phone Number:
Payment of Fees (please provide the details of name and address of the person responsible for Fees)		
Name:		Address:
Email Address:		Phone Number:
Learning Support		
Please indicate if you have any learning difficulties/disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please state nature of disability & support required:		
Safeguarding		
Have you ever been convicted of / received a caution for:		
<ul style="list-style-type: none"> • a criminal offence of a violent or sexual nature? <input type="checkbox"/> Yes <input type="checkbox"/> No • an offence relating to the distribution and/or sale of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<i>Failing to complete this section or providing misleading information may lead to your application/enrolment being withdrawn. Ticking Yes to any of the questions above will result in a follow up meeting in order to obtain further details.</i>		
Personal Statement		
Please write a few sentences telling us: (Please attach an additional sheet if required)		
1) Why you want to study at NWRC and how this can help your future career plan		
2) What is your future academic plan, and what subject would you like to develop further after attending this course?		

Have you previously applied for a Tier 4 Student Visa and been refused? Yes / No

Student Declaration

I certify that the details on this form are correct. By signing this form, I agree to all College regulations, policies and guidelines that apply to the International Centre.

Signed Print Name Date

Data Protection: All personal data will be held in accordance with the Data Protection Act (1998). Some information will be forwarded to: The Department of the Economy and its appointed agents; Awarding Bodies to fulfil statutory obligations; Employers (that allow you time off work to attend courses and pay your enrolment/examination fee) may request information regarding your attendance, progress and results; Careers NI for the purpose of tracking student progression to Further Education and training; the Learning Records Service for the allocation of your Unique Learner Number (Information available at www.learningrecordsservice.org.uk). At no time will your personal information be passed onto organisations for marketing or sales purposes. Information will be held on the college's computerised system and manual records will be retained for a maximum period of 8 years. For further information please see: http://nwrc-web/portal/student/index_sept.aspx

Providing misleading information may lead to your application/enrolment being withdrawn.

Check List

Please enclose the following documents with your application form. Your application will not be processed until all items are received by the College:

- Photocopy of official Qualification Certificates proving 70% pass rate in all subject areas - signed by school/colleget representative
- Photocopy of International English Examination Test equal to IELTS 5.0
- 2 recent Passport Photographs of yourself
- Photocopy of your Passport

You will be asked to provide additional evidence in relation to your financial statements as per Tier 4 UKBA regulations. The International Officer will request this information from you on receipt of this application.

Please return your completed form to the International Admissions Office by email to: international@nwrc.ac.uk or by Post to: International Admissions, NWRC, 78-80 Strand Road, Derry~ Londonderry, BT48 7AL, Northern Ireland, United Kingdom

Office Use Only:

CAS Number details:

Course Code:

Student Ref:

Acknowledged:

Using a separate sheet please attach any additional information that you feel will support your application when returning your form.