

University of the Arts London  
– a creative constellation

Camberwell College of Arts  
Central Saint Martins College  
of Art and Design  
Chelsea College of Art and Design  
London College of Communication  
London College of Fashion  
Wimbledon College of Art

www.arts.ac.uk



This form should not be completed by UK/EU nationals who are ordinarily resident in the EEA

**Course Applied For** (please use block capitals)

First choice course (including pathway, if relevant)		
College	Starting date of course	MM   YY
Second choice course (including pathway, if relevant)		
College	Starting date of course	MM   YY

**Personal Details**

Family name		Forenames		
Date of birth	Age	Title	Other	male / female
DD   MM   YY		Mr   Miss   Mrs		
Nationality		Country of permanent residence		
Permanent home address		Correspondence address (if different)		
Telephone number		Telephone number		
Fax number		Mobile number		
Email		Email		

**International Application for Admission to a Full-time Course**  
Further Education / Undergraduate Courses

## Educational Background

Please add details of your educational background. State the schools you have attended and qualifications you have achieved. Please send a certified copy of your academic transcripts/ certificates with an official translation, if necessary, with this application.

Period of study (from-to)	Name of School/Institution	Qualification and Course title	Grade achieved (or predicted grade)

## Details of Relevant Employment

Please provide details of any relevant employment.

Period of employment (from-to)	Name of Employer/Institution	Position held/Job title and responsibilities

## English Language Proficiency

If English is not your first language, please detail any qualifications you hold or for which you are studying, the dates of any examinations and the grades achieved. You should also provide a certified copy of your English language certificate. (IELTS, TOEFL etc.)

Dates	Qualification	Grade achieved
Further details		



## Disability

## Learning Difficulty

If you answer yes, please tick the relevant box to indicate the type of disability. You will not be disadvantaged by ticking any box

Do you regard yourself as disabled according to the Disability Discrimination Act 1995? yes / no	Do you have a learning difficulty? yes / no																																																			
<table><tbody><tr><td>01</td><td><input type="checkbox"/></td><td>Dyslexia</td></tr><tr><td>02</td><td><input type="checkbox"/></td><td>Blind/Partially Sighted</td></tr><tr><td>03</td><td><input type="checkbox"/></td><td>Deaf/Hearing Impairment</td></tr><tr><td>04</td><td><input type="checkbox"/></td><td>Wheelchair User / Mobility Difficulties</td></tr><tr><td>05</td><td><input type="checkbox"/></td><td>Personal Care Support</td></tr><tr><td>06</td><td><input type="checkbox"/></td><td>Mental Health Difficulties</td></tr><tr><td>07</td><td><input type="checkbox"/></td><td>Unseen Disability e.g. Diabetes, Epilepsy, Asthma</td></tr><tr><td>08</td><td><input type="checkbox"/></td><td>Multiple Disabilities</td></tr><tr><td>10</td><td><input type="checkbox"/></td><td>Autistic Spectrum Disorder e.g. Aspergers Syndrome</td></tr><tr><td>09</td><td><input type="checkbox"/></td><td>Other (please specify)</td></tr></tbody></table> <hr/>	01	<input type="checkbox"/>	Dyslexia	02	<input type="checkbox"/>	Blind/Partially Sighted	03	<input type="checkbox"/>	Deaf/Hearing Impairment	04	<input type="checkbox"/>	Wheelchair User / Mobility Difficulties	05	<input type="checkbox"/>	Personal Care Support	06	<input type="checkbox"/>	Mental Health Difficulties	07	<input type="checkbox"/>	Unseen Disability e.g. Diabetes, Epilepsy, Asthma	08	<input type="checkbox"/>	Multiple Disabilities	10	<input type="checkbox"/>	Autistic Spectrum Disorder e.g. Aspergers Syndrome	09	<input type="checkbox"/>	Other (please specify)	<table><tbody><tr><td>01</td><td><input type="checkbox"/></td><td>Moderate learning difficulty</td></tr><tr><td>02</td><td><input type="checkbox"/></td><td>Severe learning difficulty</td></tr><tr><td>10</td><td><input type="checkbox"/></td><td>Dyslexia</td></tr><tr><td>11</td><td><input type="checkbox"/></td><td>Dyscalculia</td></tr><tr><td>90</td><td><input type="checkbox"/></td><td>Multiple learning difficulties</td></tr><tr><td>19</td><td><input type="checkbox"/></td><td>Specific learning difficulty</td></tr><tr><td>97</td><td><input type="checkbox"/></td><td>Other (please specify)</td></tr></tbody></table>	01	<input type="checkbox"/>	Moderate learning difficulty	02	<input type="checkbox"/>	Severe learning difficulty	10	<input type="checkbox"/>	Dyslexia	11	<input type="checkbox"/>	Dyscalculia	90	<input type="checkbox"/>	Multiple learning difficulties	19	<input type="checkbox"/>	Specific learning difficulty	97	<input type="checkbox"/>	Other (please specify)
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## Applicant Checklist

- |  |                          |
|--|--------------------------|
| All sections have been completed   | <input type="checkbox"/> |
| A certified copy of your academic transcripts is enclosed                                    | <input type="checkbox"/> |
| Portfolio enclosed (if necessary)  | <input type="checkbox"/> |
| IELTS/TOEFL language certificate enclosed (If necessary)                                     | <input type="checkbox"/> |
| Supporting statement enclosed  | <input type="checkbox"/> |
| Additional information required for certain courses<br>(please check prospectus for details) | <input type="checkbox"/> |
| Supporting statement enclosed  | <input type="checkbox"/> |
| Copy of your passport enclosed   | <input type="checkbox"/> |

## Declaration

I declare that the information on this form is accurate and I agree to abide by the rules and requirements of the University. I hereby give my permission for the University of the Arts London to disclose any enrolment or offer information as a result of this application to relevant government agencies upon their request.

Signature of applicant _____	Date _____
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Please send your application and all your application materials to your first choice college at the address shown below. If you are sending a portfolio with your application please do not send original work.

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