

SHORT COURSES APPLICATION FORM

Please complete **ALL** sections in black or blue pen using CAPITAL LETTERS

1: PERSONAL DETAILS AND CONTACT INFORMATION		
SURNAME / FAMILY NAME:		FORMER NAME (WHERE APPLICABLE)
FIRST NAMES/ GIVEN NAMES:		TITLE (MR / MRS / MS ETC)
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (DD/MM/YYYY):
COUNTRY OF BIRTH:	NATIONALITY:	
		CORRESPONDENCE ADDRESS (IF DIFFERENT): FROM (DD/MM/YY): To ((DD/MM/YY):
PERMANENT ADDRESS:		
POST / ZIP CODE:		POST / ZIP CODE:
TELEPHONE:		TELEPHONE:
MOBILE:		MOBILE:
E-MAIL:		E-MAIL:
2: PROPOSED STUDY AT ABERYSTWYTH		
MODULE CODE:	MODULE TITLE:	START DATE:
3: PERSONAL STATEMENT		
Please attach a separate sheet giving details of any information, including relevant employment or professional experience, which may be important to your application. Please state whether your employment was full or part-time and give dates.		
4: FUNDING AND FINANCE		
Please state below how you intend to finance your studies.		
<input type="checkbox"/> SELF-FINANCING	<input type="checkbox"/> PRIVATE SPONSOR / <input type="checkbox"/> OTHER (PLEASE STATE)	NAME:
5: YOUR QUALIFICATIONS		

