



London Corporate College

APPLICATION FOR ADMISSION

ADMITTED Yes <input type="checkbox"/> No <input type="checkbox"/>	TWO RECENT COLOUR PHOTOGRAPHS
ACADEMIC YEAR BEGINNING IN _____ 201	
INTERVIEW APPOINTMENT DATE _____ Via Internet <input type="checkbox"/> In College <input type="checkbox"/>	
Staff Name who carried out the Interview: _____	
FOR LCC USE ONLY	

Please Use Back Ink to complete all sections of this form in CAPITAL and return to the above address. You may send electronic copies of this form one you have filled in you can scan and attach to email to info@lccl.org.uk

Required:

- Copies of your academic degrees/certificates and certified official transcript(s)
- A copy of test scores of any English language exam (e.g. IELTS, TOEFL) if applicable
- Two Passport sized photographs
- An academic and professional reference
- Colour Copy of your Passport
- Progress Report from your previous Education Provider if applicable

Please note that the English Translation **must** accompany copies of all your originals in non-English Language. Please return your completed application form to:

London Corporate College
4th Floor, 38-40 Commercial Road, London E1 1LN, UK
Telephone: 0207 7023 007, Fax: 0207 7023 005, email: info@lccl.org.uk

PERSONAL DETAILS

First Name(s): _____ Family Name: _____

Father's Name: _____ Date of birth: _____

Home (Permanent) Address: _____

Correspondence Address: _____

Telephone: _____ Mobile: _____

E-Mail: _____

Male Female Married Single

Nationality: _____ Present Occupation/Position: _____

Native Language: _____ Organization: _____

Date Arrived UK: _____ UK Visa Expiry Date: _____

Please complete the following questions for monitoring purposes only:

Q1: Learning Difficulties/Disabilities:

- I consider myself to have a learning difficulty and/or disability and/or health problem.
- I do not consider myself to have a learning difficulty and/or disability and/or health problem
- No information provided

If you consider you have a learning difficulty and/or disability and/or health problem, please answer Question 2 and/or Question 3:

Q2: Disability

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other physical disability |
| <input type="checkbox"/> Other medical condition
(For example epilepsy, asthma, diabetes) | <input type="checkbox"/> Emotional/behavioural difficulties |
| <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Temporary disability after illness
(for example post-viral) or accident |
| <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Others | |
| <input type="checkbox"/> Not known/information not provided | |

Q3: Learning Difficulty

- | | |
|---|---|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Multiple learning difficulties |
| <input type="checkbox"/> Other | <input type="checkbox"/> No learning difficulty |

Personal Statement (Please use the box below to explain and give reason(s) why you have chosen to study the course)

You may use extra sheet if you would like to tell us more

False or misleading information could result in termination of admission without fee refund

Data Protection Act 1998: I am aware that my data will be forwarded to the relevant awarding body

By signing this Form, I agree on the terms and conditions of the Admission and Refund policies of the college

An initial fee of £100 (*Non Refundable*) must be paid in advance before processing this application.

If the Application Form is successful, the college requires a minimum of 50% of the course fee before an acceptance letter is issued.

Signature of Applicant: _____ Date: ___/___/201