



THE COLLEGE YSTRAD MYNACH

International Application Form

Passport
Size Photograph

Complete and return this form, with all evidence requested,
to:
**Central Admissions
International Applications
The College Ystrad Mynach
FREEPOST
Twyn Road, Ystrad Mynach,
HENGOED
CF82 7ZZ**

Please read the accompanying guide to completing International Application Forms.

Surname			
First Name(s)			
Date of Birth		Title	Mr/Miss/Mrs/Ms
Address			
		Post Code	
Telephone Number (Including Code)		Mobile Telephone Number	
If you have an email address, please write it in the space below			
Nationality		What is your first language?	

Course Applied for

English Language Assessment

Please include copies of all your certificates with your completed application form

Type of test e.g. IELTS, TOEFL	Result	Date of test

Qualifications (Please indicate qualifications you expect to achieve or have already completed)

Please include copies of all your certificates with your completed application form

Subject/Course	Level	Grade	Date

Details of last two Schools/Colleges previously attended

Name of School/College	From (date)	To (date)

Details of Employment/Work Experience/Voluntary Work (if applicable)

Details of Employment	Nature of Work	From	To

Hobbies/Interests

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Have you ever been convicted of a criminal offence	YES / NO
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Additional Learning Needs

The College is committed to supporting all its learners and will try to meet your needs wherever we can. The information given in this application will help us to do this. This information will be passed, in confidence, to the Learning Support Team and you will be offered the opportunity to discuss your support needs.

If you regard yourself as having a disability, learning difficulty (including dyslexia) or a health issue that may affect your study, please give details:

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Personal Statement in Support of your Application

Please use additional paper and attach to form:

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Reference

Please provide details of a professional person who is prepared to provide an educational reference for you.

Name		Position	
Address			
Telephone		Fax	
Email			

Declaration

I wish to apply to join the course indicated and I declare that the information given on this form is accurate and complete. I understand that I may be required to leave any course I join if, subsequent to enrolment, the information on this form is found to be materially inaccurate.

Signed		Date	
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