

ICMP Application Form



This form is to be used for Direct applications only

Personal Details (As it appears on your passport/driver's licence or other official ID)

Family Name: _____ Previous Name: _____

First Name: _____ Date Of Birth: (DD/MM/YY) _____

Middle Name(s): _____ Gender: Male Female

Title: (Mr/Ms etc) _____

Permanent Address: _____ Correspondence Address: (If different from permanent) _____

Postcode: _____ Postcode: _____

Country: _____ Country: _____

Tel No: _____ Mobile: _____

Email: _____

Course(s) Applied For

Programme Title: _____

Level Of Study: Undergraduate Postgraduate

Entry Point: Year 1 Year 2 Year 3

Mode Of Study: Full Time Part Time

Intake Year: _____ Month: Apr Sept

Programme Title: _____

Level Of Study: Undergraduate Postgraduate

Entry Point: Year 1 Year 2 Year 3

Mode Of Study: Full Time Part Time

Intake Year: _____ Month: Apr Sept

Disabilities/Special Needs

ICMP encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and the information you submit will be used to help ICMP provide appropriate support. Please tick all that apply.

- | | | | |
|---------------------------------|----------------------------|----------------------------------|----------------------------|
| No Disability | <input type="checkbox"/> 0 | Learning Difficulty | <input type="checkbox"/> 1 |
| Blind/Serious Visual Impairment | <input type="checkbox"/> 2 | Deaf/Serious Hearing Impairment | <input type="checkbox"/> 3 |
| Wheelchair User/Mobility Issues | <input type="checkbox"/> 4 | Personal Care Support | <input type="checkbox"/> 5 |
| Mental Health Condition | <input type="checkbox"/> 6 | Unseen Disability: e.g. Diabetes | <input type="checkbox"/> 7 |
| Autistic Spectrum/Asperger's | <input type="checkbox"/> T | Other disability not listed here | <input type="checkbox"/> 9 |

Please detail other disability or additional support needs:

Residential Information/Visas

Please provide information relating to your nationality and residence. Further information may be requested.

Country of permanent residence:

If UK, please give County/Borough: _____

Country of birth: _____

Nationality (as on passport): _____

If you are a non EEA/UK national please answer the following questions:

Passport number (include copy of photo page with ADP): _____

Have you ever lived outside the UK/EU? Yes No

If Yes, please indicate date of entry to the UK/EU: _____

Do you currently have a UK Visa? Yes No

If Yes, enter type, expiry date and Visa number: _____

Have you been granted indefinite leave to remain? If Yes, enter date: _____

Do you require a Tier 4 Visa to study in the UK? Yes No

Have you ever studied in the UK on a Student Visa? Yes No

If Yes, please give details:

Fee Payment

Please provide details of how you intend to pay your tuition fees. Applicants may be asked to supply details of their financial position and their provision for the payment of fees.

Who will pay your tuition fees? Self-Funded: Yes

Student Loan: Yes _____

Other (please specify): _____

Highest Qualification

Please enter your highest level of education, e.g. 'A' level: _____

If this award was taken in the UK enter institution name: _____

If taken elsewhere please enter name and country: _____

Academic Qualifications

Please list all qualifications in chronological order with the most recent first.

Qualifications Pending				
Award Type & Subject	Award Date	Grade (Including Predicted)	Institution & Address	Dates From – To

Qualifications Achieved Including Professional Qualifications				
Award Type & Subject	Award Date	Grade Achieved	Institution & Address	Dates From – To

English Language Qualifications

Entry is conditional on the achievement of a standard level of English. If your first language is not English please give details of the most recent English Proficiency course you have taken.

If you require a Tier 4 Visa, you will need a certified IELTS qualification as defined by UKVI

Qualification Name	Grade Achieved	Award Date

Declaration Of Criminal Record

In an effort to help the ICMP reduce the risk of harm or injury to their staff and students caused by the criminal behaviour of other students we must know about any relevant criminal convictions an applicant has.

In this matter relevant criminal convictions are deemed only to be those convictions for offences against a person, whether of a violent or sexual nature and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and you should not reveal them

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and the Child Act 1989, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

Do you have a relevant unspent criminal conviction? YES

Applicants who have a previous conviction will not be automatically excluded from the application process. However, if you have ticked Yes, please disclose details of your offence and conviction, including dates and courts convicted at. This information should be submitted along with your application form in a separate sealed envelope, clearly marked confidential with your name and date of birth on it. Any information disclosed will be handled and disposed of securely by ICMP in compliance with, the Data Protection Act and other relevant legislation.

If you are convicted of a relevant criminal offence after your application has been submitted, you must notify us. The ICMP may request further disclosure from you and your offence may affect your application.

Declaration

Any statements on this form which prove to be untrue or purposely misleading will render the application void.

I confirm that the information given on this form is true, complete and accurate. No information requested or other material has been omitted. I consent to the storage and processing of this data by ICMP under the provision of the 1998 Data Protection Act.

Signed: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO

The Admissions Office
ICMP
1A Dyne Road
London
NW6 7XG
United Kingdom

Tel: +44 (0)20 7328 0222
Email: admissions@icmp.ac.uk

Web: www.icmp.ac.uk

