

**PLEASE COMPLETE ALL SECTIONS
(USING BLOCK CAPITALS OR TYPE)**

1. PERSONAL DETAILS							
Title	Mr/Ms/Miss/Mrs etc						
Surname/Family Name							
First Name (s)							
Preferred First Name*							
Previous surname (if changed)							
Correspondence (home) address							
Postcode:							
Daytime telephone number:							
Evening telephone number:							
Mobile telephone number:							
Email address:							
Gender:	<input type="checkbox"/> Male (M)/ Female (F)						
Date of birth	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Day	Month	Year			
Day	Month	Year					
Emergency Contact:							
Name: _____							
Relationship to You: _____							
Contact Number: _____							

2. ETHNICITY			
White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Asian (other)	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Other Ethnic Background	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>
3. DISABILITY/SPECIAL NEEDS **			
Please enter the relevant code:			
Are you in receipt of Disability Allowance?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. NATIONALITY AND FEES			
Country of Birth			
Nationality*** See note re dual nationality below			
Country of domicile or area of permanent residence			
If you were not born in the European Community please state date of first entry to live in the UK:			
Day	Month	Year	
Do you have any criminal convictions:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Payment of fees: Do you expect to pay your fees yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please indicate invoice details as below: <i>(N.B. All Fields must be completed)</i>			
Name: _____			
Address: _____			

Email: _____			
Phone: _____			
Fax: _____			

*Preferred name – the name which you prefer to be called. The University will use this name for informal communication only

**Codes for disability
00 No disability; 01 Dyslexia; 02 Blind or Partially Sighted; 03 Deaf or Hearing Impairment; 04 Wheelchair User or Mobility Difficulty; 05 Personal Care Support required; 06 Mental Health Difficulty; 07 Unseen Disability eg Diabetes, Epilepsy; 08 Multiple Disabilities; 09 Other Disability; 10 Autistic/Aspergers Syndrome; 97 Information Refused

*** Dual Nationality – If you hold British nationality please enter 'British' above any other nationality you may hold. If you do not hold British nationality but do hold the nationality of another EU member state please enter that nationality above any other nationality you may hold. To comply with statutory external reporting we regret we cannot hold details of more than one nationality.

8. LAST TWO EDUCATIONAL ESTABLISHMENTS ATTENDED	From		To	
Name and address of the two most recent educational establishments attended	Month	Year	Month	Year

9. PERSONAL STATEMENT

Please indicate here your reasons for wishing to study the course for which you are applying and provide any additional information about yourself that you consider relevant. Please continue on a separate sheet if necessary

10. ENGLISH LANGUAGE REQUIREMENTS

All applicants whose first language is not English are required to show that their ability to understand and express themselves in both written and spoken English is sufficiently high for them to derive full benefit from their course of study.

The minimum score required for direct entry to the Medical School is at least 6.5 in IELTS or 600 in TOEFL (250 in the computerised version of the test). Please attach a copy of your test certificate.

Type of test taken: IELTS Score..... TOEFL Score.....

11. REFERENCE – Please note that this section must be completed for your application to be processed.

Notes for the Guidance of Referees

The Referee's report is an integral part of the selection process. In order that institutions can evaluate an applicant's academic and intellectual capacity, your reference should if possible cover:

1. Suitability for the course applied for
2. Intellectual qualities
3. Any other relevant information

Name and address of Referee

Telephone No (including STD):

Fax No (including STD):

Post/occupation/relationship:

Name of applicant:

Referee's statement:

Referee's Signature

Date:

12. DATA PROTECTION STATEMENT

I Understand that:

1. All personal information including without limitation my name, address/es, email address/es, contact numbers, age, gender, date of birth, department, year of study, student status, type of degree/course, department and details of my progress on my degree/course and examination results ("Personal Information") will be used by the University of Warwick ("The University") in the manner and for the purposes outlined in this notice and the University's Data Protection Guidelines, which can be viewed at www2.warwick.ac.uk/academicoffice/staff/dataprotection/
2. The control of my Personal Information rests primarily with the Academic Office of the University. All transfers of the whole or part of my Personal Information within the University will be made on a need to know basis.
3. If I am a full time student relevant parts of my Personal Information may from time to time be disclosed to Local Authorities to enable them to assess whether I will be liable to pay Council Tax.
4. Some information held about me by the University will be sent to the Higher Education Statistics Agency (HESA). This forms my HESA record, which contains mainly coded information including ethnicity and disability data. My record, or parts of it, will be passed to those of the following bodies that require it to carry out their statutory functions in relation to the funding of education: Department for Education and Skills (DfES), National Assembly for Wales, Scottish Executive, Department for Employment and Learning, Northern Ireland, Higher Education Funding Council for England (HEFCE), Higher Education Funding Council for Wales, Scottish Higher Education Funding Council, Teacher Training Agency, Department of Health, Research Councils.
5. The data in my record will be used in anonymised form, primarily for statistical analysis, by HESA and the above bodies. This may result in the publication and release of data to other approved users, which may include academic researchers and commercial bodies. My record will not be used by HESA or any of the above bodies in a way that would affect me individually.
6. My contact details will not be made available to HESA and precautions are taken to minimise the risk of identification of individuals from the published and released data. None of the above bodies will be able to use the data provided to HESA in order to contact me.
7. When you qualify, further data about you will be collected and information on how this will be used will be provided at that time.
8. Under the Data Protection Act 1998 you have the right to a copy of the data held about you by HESA, for a small fee. If you have any concerns about, or objections to, the use of data for these purposes, please contact HESA at www.hesa.ac.uk, or by writing to 95 Promenade, Cheltenham, GL50 1HZ.
9. When my Personal Information is disclosed to the HEFCE it will be used primarily to assist the Council in the collection of data for the National Student Survey and also on occasion for other purposes.
10. If I am an overseas student the University may from time to time disclose relevant parts of my Personal Information to organisations outside the European Economic Area ("EEA"), for example Government bodies or as required under relevant Education Acts and/or rules. Before the University releases my Personal Information to a Country outside the EEA the University will ensure that such Country has in place adequate legal protection for the privacy of personal information.

In addition to meeting the requirements of other Statutory Bodies, the University may from time to time transfer all or part of my Personal Information to any of the following. I have indicated below my permission or refusal to pass my Personal Information to the bodies specified.

1. Students' Union – For the purposes of allowing the Students' Union to provide me with support services, to join Union societies and to vote in elections.
2. Research – The University may occasionally disclose certain Personal Information to staff or members of external organisations for research purposes (such as postal questionnaires).
3. Careers Service – For the purpose of making use of the Careers Service at Warwick. If I choose 'no' below I understand that I will not receive careers information by email and not be able to use their online services or registration services.
4. Development Alumni Relations (Warwick Graduates Association) – upon graduation, the University will transfer relevant parts of your details from its Student Records System to Alumni Database. This data will be used to keep you in touch with the University via magazines and electronic newsletters, to ensure that you are invited to relevant alumni events and reunions and for mailings, yearbooks, networking and fundraising purposes.
5. National Student Survey – The HEFCE operates an annual survey of final year undergraduate and PGCE students. The University will transfer to HEFCE (or its agent, currently Ipsos MORI) relevant parts of my Personal Information in order that I may be contacted to participate in the survey. The National Student Survey (NSS) is an excellent opportunity for final year undergraduates to feedback on their academic experience. The results will be used to help future students to choose courses that best suit their needs and interests.

13. DATA PROTECTION PREFERENCES

Please circle either Yes or No below for each organisation. Yes = you do give permission for your Personal Information to be passed to that body, No = you do not give permission for your Personal Information to be passed to that body. Guidance on how your Personal Information will be used by each is given in the paragraph above.

Warwick Graduates Association	Yes/No	Research	Yes/No
Students' Union	Yes/No	Careers Service	Yes/No

14. DECLARATION

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that any offer of admission may be withdrawn if I cannot provide documentary evidence of any statements on this form. I undertake to observe the Charters, Statutes, Ordinances and Regulations ("the Rules") of the University and to submit to their discipline during such time as I am a registered student of the University. I confirm that I am aware of the scale of the fees and charges on the due dates of payment. I recognise that my registration as a student is subject to satisfactory academic progress in my course of study and is to be completed only on full payment of all outstanding fees and other sums due to the University. I understand that should my sponsor at any time fail to pay my fees and charges that are due, I will be personally liable for them.

Note: Registration is in accordance with the terms of the offer made by the University. A registration is not valid unless fees are paid or full details of sponsors are provided.

I confirm that I have read and understood the Data Protection Notice, Data Protection Guidelines, Declaration and the Rules and agree to be bound by them.

Signed:

Date: