

International Student Application Form



City College Plymouth

Instructions to applicants

- 1 You must enclose copies of your academic transcripts with your application form. Your application will not be processed until we have received certified copies of your qualifications.**
- 2 Please enclose a copy of the page in your passport showing your personal details. If you already have a visa to be in the UK, please also enclose a copy of this.**
- 3 If you are under 18 at the time of making this application, this form must be signed by your parent or guardian.**
- 4 Please complete all sections of the form. Please write clearly and in block capitals.**

Please attach
photo here

Personal details

Family name		First name(s)	
Date of birth (day / month / year)	/ /	Male ☐	Female ☐
Nationality	Country of birth	Passport number	
Home address		Contact address (if different to home address)	
Home telephone		Correspondence telephone	
Fax		Fax	
Email		Email	

Which course are you applying for?

Course and level (full title)	
Duration of course (number of years)	
Start date of course (e.g. Sept 2009)	
If applying for the International Foundation course, please state your choice of pathway; either Business OR Technology/Computing.	

Education and qualifications

Please indicate your level of English

Beginner ☐

Elementary ☐

Intermediate ☐

Advanced ☐

Please give details of English language qualifications

Exam title	Examining board	Grade achieved	Date

Please give details of school education

Course studied
Name of school
Start and finish dates

Please give details of College or University education

Course studied		
Name of College/University		
Start and finish date	Start date	Finish date

Please give details of academic qualifications

Examining body	Subject	Stage / level	Month / year	Grade

Have you studied in the UK before?

Yes ☐

No ☐

If yes, please give name of institution and start and finish dates

Institution	Start date	Finish date
Institution	Start date	Finish date

Employment history

Please give details of your employment history (if any)

Job title / position	Start date	Finish date	Full or part time	Name of employer

Present occupation (including duties)

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Address of present employer

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Information about yourself

Please tell us about what you intend to do after finishing your course and any hobbies or interests that you have

Please give details of any medical or physical conditions that may require additional support from the College

References

Please give details of two referees

1 Name	2 Name
Position	Position
Address	Address
Email:	Email:

Fee status information

In which countries have you lived in the last three years?

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Was residence in any of the above countries only for the purpose of receiving full time education? Yes ☐ No ☐

Are you currently studying in the UK? Yes ☐ No ☐

If yes, where?

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If you are already living in the UK, do the British immigration authorities impose a limit on your stay in the UK?
(If yes, please give details including type of visa and date of expiry)

How will you finance your studies and general cost of living while at City College Plymouth?

Please give details of who will be paying your tuition fees

If this person is not yourself, please include a letter of confirmation from whoever is paying your fees with this application form and complete their details below

Name	Relationship	
Address		
Telephone	Fax	Email

How did you hear about City College Plymouth?

☐	Education fair	Which fair?		
☐	British Council	Which office?		
☐	Recommended by a friend	Which friend?		
☐	Internet	Which site?		
☐	Advertisement	Where seen?		
☐	Education agent	Which agent?	Other	Please state

Declaration

The College collects information about all staff and students for various administrative, academic and health and safety reasons. Because of the UK Government's 1998 Data Protection Act the College requires your consent before we do this.

By signing the declaration below you will have given consent to the College processing personal data herein or such other as may be obtained from you or other people while you are a student at the College. By signing the declaration below you have given consent to such processing in connection with your studies, your visa status, the monitoring of student progress, your security or health and safety whilst on College premises.

I confirm that to the best of my knowledge all of the information I have given in this application form is correct and understand that I will be subject to the College regulations and to the Data Protection Act 1998.

Signature	Date
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If the candidate is under the age of 18 at the time of making this application I (the applicant's parent or guardian) consent to my son / daughter applying to City College Plymouth and understand that he / she will be subject to the College regulations and to the Data Protection Act 1998.

Signature	Date
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Checklist

Have you completed all sections of the form?	☐
Have you enclosed:	
• copies of all qualification certificates	☐
• a letter from the person paying your tuition fees	☐
• any other requirements specific to your chosen course	☐
• if you are aged 16-18, a letter is required stating who will be your guardian in the UK.	☐
• copies of the relevant pages of your passport	☐

Please return your completed application form to:

International Office
City College Plymouth
Kings Road
Plymouth
Devon PL1 5QG
United Kingdom Fax: + 44 1752 305123



I consent to the College processing and retaining personal data for the following purposes:

- ☐ To fulfil contractual obligations and to comply with legal/statutory obligations
- ☐ To share with consultants in the home country of the student
- ☐ To share with accommodation providers and host families where appropriate
- ☐ To comply with UK Visas and Immigration requirements

Signature: _____

Date: _____

Name: _____

UNDER18 PARENTAL CONSENT FORM



TO WHOM IT MAY CONCERN

I confirm that I consent to my child named below travelling and living independently whilst studying at City College Plymouth.

Please tick as appropriate

☐

I am aware that students choosing to live in Halls of Residence may be in mixed-age flats with other PDVL students.

☐

I understand that students living in host families will discuss and agree suitable house rules on an individual basis with their host families.

Name of student: _____

Name of parent: _____

Parent's signature: _____

Date: _____

PDVL Host Family Requirement Form 2020



Please complete the following questionnaire, which will help us to place you in a suitable host family. Please be aware that flexibility will give us better opportunities to find a nice family for you.

	Additional information
What course have you applied for?	
Are you male or female?	
Are you under 18? If yes, what is your date of birth?	
Do you smoke?	
Do you have any allergies to pets or food (or other)? If yes please state which allergies:	
Do you have special dietary needs? (e.g. vegetarian, vegan, religious diet etc) If yes please give details:	
Would you like a shared room or an individual room? **Please note there are only a limited number of families who offer shared rooms	
Any other special requests (we will try to meet where possible but rooms are allocated on a first come first served basis)?	

Name:

Email Address:

tel:

Return this form to: City College Plymouth, Danielle Clephane, International Office, Kings Road, Devonport, Plymouth, PL1 5QG, UK or email dclephane@cityplym.ac.uk