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KAPLAN DEGREE APPLICATION FORM - FULL TIME COURSES

STUDENT DETAILS		EMPLOYER DETAILS (Sponsored students only)	
Surname	Mr / Mrs / Ms / Miss	Company name	
Forename (s)		Company reg no.	
Address		Training manager's name	Mr / Mrs / Ms / Miss
		Tel	
	Postcode	Email	
Country	Nationality	Work address	
Home No.			
Work / Mobile No:			Postcode
Email address, work		SPONSORED STUDENTS: EMPLOYERS AUTHORISATION	
Date of Birth / /		If the above employer is responsible for the payment of fees, please complete the following:	
Passport No.		As employer of the student for whom this form is completed, I / we are responsible for payment of amounts due to Kaplan Financial on receipt of the invoice, unless credit facilities with Kaplan Financial have been granted, in respect of the student and undertake to inform you in writing promptly of any charge to this arrangement. I / We understand that I / we are fully responsible for the payment of amounts due to Kaplan Financial in all circumstances (including termination of employment or course cancellation).	
Kaplan Student No. (existing students)		Signed	
STUDENT LETTERS		Name	
Confirmation of Enrolment letters to be sent: <input type="checkbox"/> By post <input type="checkbox"/> Will collect <input type="checkbox"/> International Courier <small>(International courier: a non refundable charge of £40 or applicable country rate)</small>		Position within the company	
Once letters have been issued confirming full time status, no refunds or course deferrals are permitted other than in certain limited circumstances.		Date	
Postal Address (if different from above)		Purchase Order Number	
		INVOICING ADDRESS (If different to the employer address above)	
		Contact Name	
Country	Postcode	Address	
Tel No.			
Authorised Name	Date		
Authorised Signature		Postcode	

DATA PROTECTION ACT Your sponsor will be informed of your test results, progress and attendance unless your sponsor chooses not to receive this information.

MARKETING POLICY Cathay Connections may contact you via phone, mail or email to keep you informed about further professional training or other services and products of interest. If you do not wish us to send any such information please tick here

BUT if having ticked you still wish to receive details of courses and services specifically relating to your qualification please tick here

PRIVACY POLICY You acknowledge by enrolling that you have read, understood and accept the terms of the user agreement and privacy policy available on FTC website and all the terms and conditions retained in the course brochure(s)

FOR OFFICE USE ONLY

DATE/INITIAL	CASH	CC	CHEQUE	RECEIPT

Educational Qualifications

State most recent first, attaching certified copies of certificates / transcripts where possible. For international students these should be in both the original language and official English translation. Do not send original certificates.

Institution Name & Address	Qualification Type & Duration	Awarding Body	Subject (s) taken	Grade Achieved	Date Started & Date Awarded

English language qualifications

If your first language is not English, please give details of the most recent English language course you have or intend to take, and give the relevant grade (please remember that in order to qualify for our Masters programme a minimum of 6.5 IELTS score is required).

Institute	Course Name	Results	Results Date

Disability

Do you have any learning / physical difficulties for which you will require additional support or facilities? Yes No

If yes, please give details

Employment & Work experience

Please give details below of any relevant work experience (state most recent first).

Start date & End date	Employers Name and address	Position held	Full Time / Part Time	Duties

Statement of Purpose (minimum 100 words) please attach extra sheet if required.

You are advised to complete this section, paying particular attention to the following:

- (1) The reasons for choosing the programme of study
- (2) The knowledge and skills you have obtained through your work and / or education
- (3) The challenges facing you in your studies, work or personal development
- (4) Your personal achievements and future career plans

References

Please complete in BLOCK CAPITALS. The first referee must be academic and the second from an employer

First Referee Mr / Mrs / Miss / Other _____

Second Referee Mr / Mrs / Miss / Other _____

Position / Occupation _____

Position / Occupation _____

Relationship to Applicant _____

Relationship to Applicant _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone _____

Telephone _____

