

Further Education Application Form

SECTION 1 - PERSONAL INFORMATION

Title (Mr, Mrs, Miss, Ms, Mx, Other):	Age on next August 31st:
Family name:	Mobile number:
Forename(s):	Home telephone:
Date of birth (DD/MM/YY):	Email address:
Home address: This will be used by the University as your main address for correspondence unless an alternative correspondence address is provided.	Alternative correspondence address: If you would like all correspondence from the University sending to an address other than your home address please provide full details here, otherwise please leave blank.
Postcode:	Postcode:
Country of residence:	Nationality: e.g. British
What country have you lived in for the last 3 years?:	Date of entry to the UK (DD/MM/YY): Please complete if not UK national.
Nominated contact(s): Here you can provide details of up to two people that you authorise us to speak to on your behalf about your application. This could be a parent/guardian(s).	
Contact 1	Contact 2
Full name:	Full name:
Email address:	Email address:
Contact number:	Contact number:
Relationship to applicant:	Relationship to applicant:
SECTION 2 - COURSE INFORMATION	
Please tick the course you are applying for:	Proposed year of entry:
Foundation Diploma in Art & Design	Dates not available for interview:
Extended Diploma in Art & Design	From (DD/MM/YY):
Access to HE Diploma (Art & Design)	To (DD/MM/YY):

SECTION 3 - EDUCATION

I have an Education, Health & Care Plan

Please provide the details of yo	our current education	establishment and any othe	rs you have attended	over the last three years	5.
Current:	Postcode:				
Previously attended:		Postcode:			
				Postcode:	
Please use the table below to li	ist your qualifications	and achieved/predicted gr	rades.		
Subject	Qualification Level e.g GCSE, A Level, First Di Access	Date taken (DD/MM/YY)	Result	Date to be taken (DD/MM/YY)	Predicted
SECTION 4 - ADDITI	ONAL SUPPOR	RT	'	'	
This section is designed to ena the requirements of the Equali reasonable adjustments to hel	ity Act 2010. If you ar				
I do not have a disability		need personal care or assi	stance	I have a disability that c	
I have dyslexia	I	have mental health difficult	ies	Please provide details below.	
I am blind or partially sighted	I	am deaf or hard of hearing			
l use a wheelchair or have mobility issues				I have a disability, speci medical condition that i Please provide details below.	
I currently receive free school meals		am from a looked after/ are background			

Leeds Arts University Blenheim Walk Leeds LS2 9AQ 0113 202 8000 | admissions@leeds-art.ac.uk | www.leeds-art.ac.uk

SECTION 5 - PERSONAL STATEMENT

Please use the space below to provide us with any other information that will support your application. If you need more space please add an extra sheet to your application form.

Your statement should:

- demonstrate your interest in art, design and culture include why you wish to apply for this course(s) list the skills and strengths you have to offer

- list any interests and any voluntary activities include employment and work experience

SECTION 7 - EQUAL OPPORTUNITIES

			rices we offer, please cor lease tick any of the boxe				to develop and monitor equarere relevant.	ality
	Male		Female		Other		Prefer not to say	
31	English/Welsh/ Scottish/Northern Irish/British		32 Irish		33 Gypsy or Irish Traveller		³⁴ Any other white background	
35	White and Black Caribbean		³⁶ White and Black African		37 White and Asian		38 Any other mixed/ multiple ethnic background	
39	Indian		40 Pakistani		41 Bangladeshi		42 Chinese	
43	Any other Asian background		44 African		⁴⁵ Caribbean		⁴⁶ Any other black/ African/Caribbean background	
47	Arab		98 Any other ethnic group		99 Not known/ not provided			
	SECTION 8 - SI	GNAT	URE					
	My student reference	is includ	ed/attached		My student reference i	is to follow		
	student reference. I ag	ree to th other le		a for any pur	poses connected with my	y studies or m	orm and the attached ny health and safety whilst or ther organisation which has	
	Signature of applicant:							
	Date (DD/MM/YY):							
	Please complete your a feapplication@leeds-a		on as soon as possible an	d send (along	with relevant reference	s) to:		
	If handwritten please p	ost to:						
	The Admissions Team Leeds Arts University Blenheim Walk Leeds LS2 9AQ							
	-	your app	olication we will be in touc	ch about your	next step. Please regula	arly check		

the email address that you have provided on your application for updates from the Admissions team.

If you have any questions about your application please contact us via email admissions@leeds-art.ac.uk or by telephone on **0113 202 8000** and ask for Admissions.



Student Reference

This form should be completed by a Headteacher, Year Tutor, Art or Design Teacher, Careers Teacher or past employer.

If none of these is available then it can be completed by a person who is not related to the applicant but knows them and/or their work.

Please be advised that this reference may be shared with the applicant and as such is not confidential.

SECTION 1: PERSONAL INFORMATION

Name of applicant:				Name of ref	feree:	
Date of birth (DD/MM/YY):				Job title:		
Course applied for:				Name of em	ployer:	
Foundation Diploma in Art &	Design			Address:		
Extended Diploma in Art & D	Design			Please provide	the school/college/education	nal institution or business address.
Access to HE Diploma (Art a	& Design)					
				Postcode:		
SECTION 2: APPLI	CANT'S REG	CORD				
Please give your assessmen	nt of the applican	it's record.				
	Excellent	Good	Average	Has some		Has considerable weaknesses
Attendance/motivation						
Further study potential						
Please give your assessmer e.g. Level 1, 2, 3	nt of the applican	t's likely attain	ıment in examiı	nations/asse	essment specifying qu	alification level.
Level:	Qı	alification:			Predicted grade	
Level:	Qu	alification:			Predicted grade	
Level:	Qı	ualification:			Predicted grade	
Level:	Qı	ualification:			Predicted grade	
Level:	Qu	alification:			Predicted grade	
Level:	Qı	ualification:			Predicted grade	:

SECTION 3: APPLICANT'S SUITABILITY

Please give your comments on the suitability of the applicant for the course, and any other details you feel may be relevant
SECTION 4: HEALTH AND SAFETY
Has the applicant any medical or physical problems (e.g. asthma, epilepsy, hearing difficulties) that we should be aware of for health and safety reasons? (Please note: Data Protection Legislation requires that the specific consent of applicants be obtained for this information to be included).
Yes No
If Yes please give details below:
This form may be sent with the application form, or you can return it
separately to the following address: feapplication@leeds-art.ac.uk
If handwritten please post to: The Admissions Team
Leeds Arts University Rlenheim Walk

Leeds LS2 9AQ

If you need any further information please get in touch at admissions@leeds-art.ac.uk