



Application To Study For A Research Degree

Please complete all sections as fully as possible in <u>type</u> or in <u>block capitals</u> <u>using black ink</u>.

The completed form should be returned,

Either by email to: Admit@regents.ac.uk or by post to: The Admissions Office, Regent's University London, Inner Circle, Regent's Park, London NW1 4NS

Proposed Area of Study/School		
Proposed Start Date		
Full Time 🗆 Part Time 🗆		
Intended Degree PhD 🗆 N	1Phil 🗆	
Surname	Previous University of Northampton	
	Student Number (if applicable)	
Forename	Date of Birth	
Title	Country of Birth	
Any previous surname	Nationality	
Home Address	Country where you normally reside when not studying	
	Date of Entry to the UK (if applicable)	
	Telephone	
	Mobile Telephone	
	E-mail	
Postcode	SKYPE Address	
Correspondence Address (if not as Home)	Work Address	
Postcode	Postcode	
	Work Telephone	
Who is paying your Fees?	Work e-mail	
Employer / Sponsor 🗆 Self 🗆		
University of Northampton Bursary \Box	Agent Details (if applicable)	
	Name:	
Address of fee payer:	Address:	
	Postcode:	
	Telephone	
Postcode:	Email:	

Academic Qualifications (please do not translate educational award names)

General Education achieved (post-16 only) (most recent first)				
Year of Examination	Awarding Body / Institution	Subject	Level	Grade Achieved

Higher / Profe	Higher / Professional / Vocational / Other Qualifications (most recent first)				
Year of Examination	Awarding Body / Institution	Subject	Level	Grade Achieved or Expected	

English	Language				
If Englis	h is not your first	language, pleas	se indicate your	score and atta	ach a copy of
the cert	ificate				
IELTS	Overall	Listening	Reading	Writing	Speaking
Date of	test:				

Employment History (most recent first)				
Dates (start & end)	Employer	Position held	Nature of work	

Additional Information in Support of Your Application

Please indicate your reason for wishing to undertake a research degree and any relevant skills and experience

Please continue on a separate sheet if necessary

Please provide, in this space, a brief outline of the area of research you wish to pursue. This should be accompanied by a more detailed attachment of not more than 1000 words. (For applications in response to advertised studentships, please state title of advertised project)

References

Please state the name, address and email address of 2 referees who can comment on your academic ability. We will need to contact these people to obtain a reference if you are called to interview.

Name	Name
Position	Position
Address	Address
Postcode	Postcode
Email	Email
Telephone number	Telephone number

Criminal Convictions

Enter an X in the box if either of the following statements applies to you

- a. I have a relevant* criminal conviction that is not spent**
- b. I am serving a prison sentence for a relevant* criminal conviction.

*Relevant Criminal convictions are only convictions for offences against the 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 relevant and should not be revealed.

University Communication to Named Third Parties Consent

During the application process and my studies at the University of Northampton I give permission for

Name Relationship

to speak to relevant University Schools and Departments on my behalf. I understand that information discussed may be communicated in written, electronic and/or oral form.

I understand that I may revoke this consent at any time <u>in writing</u> and that a copy of this document will be placed on my student file to notify staff of this agreement.

Declaration

I certify that to the best of my knowledge the information contained in this application form is correct and complete. I agree to abide by the rules and regulations of the University of Northampton as amended from time to time and to observe the Code of Conduct (see www.northampton.ac.uk)

I understand that an electronic record will be created as a result of submitting this application and give permission for staff of the University of Northampton (and associated colleges where appropriate) to access any information held in order to process the application.

Signature:	Date:
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Print Name:





Confidential

Application Monitoring Form

The University of Northampton is fully committed to equal opportunities for all and applicants are asked to complete this form as fully as possible. Your response will not influence the outcome of your application. Please see further information overleaf.

Please tick any relevant boxes.

Name :			
Ethnic Origin			
White- British		Black or Black British – Caribbean	
White- Irish		Black or Black British – African	
White- Scottish		Asian or Asian British – India	
Irish Traveller		Asian or Asian British – Pakistani	
Chinese		Asian or Asian British – Bangladeshi	
Other white Background		Mixed – White and Black Caribbean	
Other Black Background		Mixed – White and Black African	
Other Asian Background		Information Refused	
Other Mixed Background			
Other Ethnic Background			
Disability (if you indicate	any disability	y please also complete the section overleaf)	
No known disability		Mental health difficulties	
Dyslexia		Unseen e.g. diabetes, epilepsy	
Blind / Partially sighted		Multiple disabilities	
Deaf / Hearing impaired		Disability not listed	
Wheelchair user / Mobility difficulties		Autistic Spectrum Disorder / Asperger Syndrome	
Office Use Only: Last updated 19/05/15		6	

Personal care support

Disability – Support Needs

In order for us to provide appropriate support and/or make reasonable adjustments it is important that you give us details for your needs. In most circumstances, the information given here will be enough for us to decide what action we need to take. In some circumstances, you may be contacted by Student Services for further information or to arrange a visit to The University to discuss your needs.

• Facilitating communication with you

- Undertaking statistical monitoring as part of our Equality Scheme
- Meeting our legal requirements





Admissions Reference Request Form 1 – To be completed by your referee and returned to Regent's University London (admit@regents.ac.uk)

Student – Please	complete	this section and forward to your referee
Your Full Name		
Your Address		
		Postcode
Course you are app	lying for	
· · · · ·		
Referee – Please	complete	this section and forward to the Admissions Office
Referee's Name		
Position		
Referee's Address		
		Postcode
name to act as refe	ree. We w	for admission to the University and has given us your ould be grateful if you could complete this form and ice at the address below.
How long and in wh	at capacity	have you known the applicant?
What is your assess	ment of th	e candidate's academic / intellectual ability?
What do you consic	er to be th	e applicant's strengths and weaknesses?
Please add any furt		
Referee's Signature	1	Date

The Admissions Office, Regent's University London, Inner Circle, Regent's Park, London, NW1 4NS. Admit@regents.ac.uk





Admissions Reference Request Form 2 – To be completed by your referee and returned to Regent's University London (admit@regents.ac.uk)

Student – Please complete this section and forward to your referee		
Your Full Name		
Your Address		
	Postcode	
Course you are app	lying for	

Referee – Please	complete this section and forward	to the Admissions Office
Referee's Name		
Position		
Referee's Address		
		Postcode
name to act as refe	has applied for admission to the Univer ree. We would be grateful if you could hissions Office at the address below.	
How long and in wh	at capacity have you known the application of the application of the second sec	ant?
What is your assess	ment of the candidate's academic / int	ellectual ability?
	ler to be the applicant's strengths and w	weaknesses?
	her relevant information here	
Referee's Signature		Date

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