

Application Form



edgeUKation

Personal details

First name:

Gender:

Last name:

Date of birth:

Address:

Home phone number:

Mobile phone number:

Email address:

National insurance number:

Emergency contact name:

Emergency contact number:

Relationship:

Status

Nationality: (Home country, where have you lived for the majority of the last 3 years)

Ethnic origin:

We are committed to equal opportunities, and welcome all students regardless of age, gender or ethnic origin. Please tick the box which best describes your ethnic origin:

Asian/Asian British:

Black/Black British:

Mixed:

White

Bangladeshi

African

White & Asian

White British

Pakistani

Caribbean

White & black African

Irish

Chinese

Other black background

White & black Caribbean

Any other white

Other Asian background

Any other

Any other mixed

Prefer not to say

Additional support:

Disclosure of a disability is to assess any additional support needs. The Academy wants to ensure that you are able to participate fully as possible in your chosen programme of study. In order for us to provide support please disclose any disability in the space below. If no disability, please tick the box.

No disability

Courses:

Please list all courses you wish to study:

Course title:	Start date:	Tuition fee:
<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>

Educational qualifications:

Please list all the qualifications and schools/colleges attended:

Qualification:	School/college attended:
<div style="background-color: #e0f2f1; height: 45px;"></div>	<div style="background-color: #e0f2f1; height: 45px;"></div>
<div style="background-color: #e0f2f1; height: 45px;"></div>	<div style="background-color: #e0f2f1; height: 45px;"></div>
<div style="background-color: #e0f2f1; height: 45px;"></div>	<div style="background-color: #e0f2f1; height: 45px;"></div>
<div style="background-color: #e0f2f1; height: 45px;"></div>	<div style="background-color: #e0f2f1; height: 45px;"></div>

Fees:

Who is paying for your fees?

I am paying for my fees My employer is paying directly I am applying for government funding

Data protection consent to process declaration:

I declare that the information given on this form is, to the best of my knowledge correct. I agree to abide by Broadst. hair&beauty regulations, and to notify the Academy of any changes to my details. I understand that if I have declared false information, action may be taken to reclaim the tuition fee and any associated costs occurred by the Academy from me.

Signature:	Date:
<div style="background-color: #e0f2f1; height: 43px;"></div>	<div style="background-color: #e0f2f1; height: 43px;"></div>

Please return this form to our Academy, either via post or hand in