

International Department
+44 1420 592243 www.altoncollege.ac.uk international@altoncollege.ac.uk

APPLICATION FORM for International Students
Full-Time Courses



Please complete this form in **BLOCK CAPITALS**

COURSES APPLYING FOR

A Level	
A Level	
A Level	
A Level	

PERSONAL DETAILS

Family Name					
First Names					
Date of Birth	DD	MM	YYYY	Age next September 1st	XX
Nationality (as shown on your passport)					
Passport Number (Please attach a copy of your passport)					

CONTACT DETAILS

Home Address including Post Code					
Home Telephone number (including Country Code +)					
+					
Your mobile number					
+					
Your email address					

Details of Parent or Guardian living with you at above address

Family Name					
First Names					
Relationship to you					
Phone number (including Country Code +)					
+					
Mobile number					
+					
email address					

ACCOMODATION REQUIREMENTS

Are you a Vegetarian	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Are there any foods you cannot eat?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
If Yes, What are they?			
Do you have any medical problems?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
If Yes, please state which			
Do you smoke?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Are you willing to live in a house with smokers?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Many UK families have pets.	Dogs?	Cats?	Other?
Please indicate if you have any allergies	<input type="text" value="X"/>	<input type="text" value="X"/>	<input type="text" value="X"/>

MEDICAL DETAILS (All questions MUST be answered)

Have you had any of the following:			
Asthma, Bronchitis or breathing problems?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Heart condition?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Fits, Epilepsy, Fainting or blackouts?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Severe headaches or migraines?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Diabetes?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Allergies?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Eczema or other skin disorder?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Other illness or disability?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Do you have any physical handicap that may affect your accomodation requirements?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Do you take any medication of any kind?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
Have you received a tetanus vaccination within five years?	<input type="text" value="Y"/>	<input type="text" value="N"/>	
If you answered YES to any questions in this section, please give details below			

Medical Information

The medical information you provide will be used to assist us to process your application appropriately.

The information will be shared with relevant parties and only in order to ensure your wellbeing during your stay.

If for any reason you do not want the information to be passed to anyone else, please indicate below:

I do not want my medical details passed to any other parties

EMERGENCY CONTACT

Emergency Contact Address		Emergency Contact Numbers	
	Phone	+	
	Mobile	+	
	email		
	email		

PERSONAL STATEMENT

Tell us a little about yourself, why you want to study here and what hobbies and interests you have

ENGLISH ABILITY

Evidence of your score must accompany this application

Please state your IELTS Test score

Reading

Writing

Overall

Speaking

Understanding

PAYMENT OF FEES OR DEPOSIT

Who is paying your tuition fees?

You/parents/family

☒

Agent

☒

Other (Please specify)

Who is paying your accommodation fees

You/parents/family

☒

Agent

☒

Other (Please specify)

You may pay your fees, deposit and accommodation arrangement fee by any of the following methods:

Please indicate your preferred choice

Bank Transfer

☒

Bank Draft

☒

(Payable to Alton College)

PayToStudy

☒

Please ensure that the bank transfer includes the student's name and attach a copy of the transfer to this application form. The transfer should be made in GBP Sterling to BARCLAYS BANK, 8 Market Place, Basingstoke RG21 7QA UNITED KINGDOM

Account Name ALTON COLLEGE

Sort Code 20-05-00

Account number 00112038

IBAN GB55BARC20050000112038

SWIFT BARCGB22

PayToStudyPlease go to www.altoncollege.paytostudy.com

Using PayToStudy you can quickly and easily transfer deposits, Tuition Fees and Accommodation Fees

PARENTAL PERMISSION

Dear Parent/Guardian

Throughout the year the College will be running a variety of day trips and visits. Details will be given on each trip/visit. However, to ensure the smooth running of the process, we ask that you complete a consent form for your son/daughter to take part in these activities.

I wish my son/daughter (full name of student in captial letters)

Date of birth

DD

MM

YYYY

To be allowed to take part in College day trips/visits throughout the academic year which begins in September and ends in July, and I agree to his/her taking part in any or all of the activities described under the conditions set out. I understand that during these trips students may have free time and will not be directly supervised but that all trip supervisors will be contactable.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that rules and any instructions given by the staff are followed.

I understand that, while the college staff and helpers in charge of the party will take reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter during the trip.

Note: Your son/daughter will be covered by the College's insurance in the event of injury incurred during the excursion.

I consent to any emergency medical treatment necessary during the course of the visit.

Signed

Relationship

Date

DD

MM

YYYY

Note: Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including the College's publicity material, please indicate here

X

APPLICATION CHECKLIST

Before sending this form, please ensure you have completed the following:

Completed this form IN FULL

X

Enclosed payment

X

Enclosed passport copy

X

Enclosed academic transcripts

X

Enclosed IELTS certificate

X

SIGNATURE OF PARENT OR GUARDIAN

I agree that the information contained in this form can be given to my accomodation provider

Signature

Date

DD

MM

YYYY

FOR OFFICE USE ONLY