

# Application Form

DATE OF APPLICATION: (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return your completed application to your agent or directly to our Admissions team at [admissions@lcibs.co.uk](mailto:admissions@lcibs.co.uk) or post it to **LCIBS Admissions Office, Dock Manager's Office, Surrey Quays Rd, London, SE16 2XU**

**Please complete all questions in BLOCK CAPITALS in black ink and complete tick boxes as appropriate.**

Incomplete application forms submitted without all the supporting documents will delay the decision process. We require you to submit all supporting documentation before your application can be considered.

**ALL SUBMITTED DOCUMENTS MUST BE IN ENGLISH.**

**APPLICATIONS CLOSE 10 DAYS BEFORE COURSE START DATE.**

## LOCAL REPRESENTATIVE/AGENT INFORMATION

Representative Full Name:	Country Applying From:
Mobile Telephone Number:	Email Address:

## STUDENT DETAILS

Family Name:		Given Name(s):	
Title: (Mr/Mrs/Miss/Ms/Dr)	Date of Birth: (dd/mm/yyyy)	Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Nationality:	Country of Birth:		
Permanent Home Address:			
Country:	Zip/Post Code:		
Correspondence Address: (If different from the address above)			
Country:	Zip/Post Code:		

Powered by LCIBS



LONDON  
COLLEGE OF  
INTERNATIONAL  
BUSINESS  
STUDIES

LCIBS is registered in England, Company no. 2925278.  
LCIBS is accredited by the British Accreditation Council for  
Independent Further & Higher Education.

### STUDENT DETAILS (continued)

Mobile Telephone Number:	Home Telephone Number:
E-mail Address:	Passport Number and Expiry Date:

### COURSE DETAILS

Which course are you applying for?	When do you wish to start your course?
Have you previously studied at LCIBS? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, which course?

### ACADEMIC HISTORY

Provide details of your current or most recent school/college or university. Please start with the most recent.  
All applicants should enclose certified English copies of all academic transcripts or reports.

Name & Address of Institution	Dates of Attendance (date started and awarded)	Qualification and class of Honours (if any) or predication of award	Principal Subject(s) taken

Other information relevant to your academic history:

### MEDICAL/DISABILITY/SPECIAL NEEDS

LCIBS aims to provide an environment in which all of our students are able to participate fully in college life. In order to assist in providing suitable support, please indicate if you have a disability. This will not affect judgements concerning your academic suitability for a course, and will be treated confidentially.

Do you have a disability, impairment or long-term medical condition that may affect your studies?

YES  NO

If yes, please state and provide evidence.

Powered by LCIBS



LONDON  
COLLEGE OF  
INTERNATIONAL  
BUSINESS  
STUDIES

LCIBS is registered in England, Company no. 2925278.  
LCIBS is accredited by the British Accreditation Council for  
Independent Further & Higher Education.

### CRIMINAL CONVICTIONS

Do you have any criminal convictions?

YES

NO

LCIBS collects information about its students for various academic, administrative, health and safety reasons. The information is processed in accordance with the 1998 and 2003 Data Protection, and is disclosed to third parties only with the individual's consent or to meet statutory obligations. The information provided on this application form will be stored electronically and used for administrative purposes by the College.

### SUPPORTING DOCUMENTATION

Passport Copy

Academic History

Proof of Payment of Deposit

Signed Ts & Cs

### DECLARATION

I certify that the information provided above is correct and I understand that LCIBS will withdraw my application if any aspect is found to have been falsified. I consent to the processing of information provided on this form subject to the provision of the Data Protection Act (1998)

I confirm that I have read and understood College Terms and Conditions

Full Name:

Signature:

Date: