



## APPLICATION FORM

Please note that you have the option to apply online instead of using the paper application form. For details, please see <https://www.lcibs.co.uk/apply-now/>

Return your completed application to your agent or directly to our Admissions team to [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 your personal statement and all other supporting documentation before your application can be considered.

**ALL SUBMITTED DOCUMENTS MUST BE IN ENGLISH or ACCOMPANIED BY THE OFFICIAL ENGLISH TRANSLATION**

### YOUR LOCAL REPRESENTATIVE/AGENT INFORMATION

Representative Full Name:	Mobile Telephone Number:
<input type="checkbox"/> I consent LCIBS to share the outcome of my application with the above Representative / Agency, subject to the provision of the Data Protection Act 1998 as well as the General Data Protection Regulation 2018 (GDPR).	
<input type="checkbox"/> I do not consent LCIBS to share the outcome of my application with the above Representative / Agency.	

### YOUR PERSONAL DETAILS

Surname:	First Name:	
Title: (Mr / Mrs / Miss / Ms / Dr / Other)	Date of Birth:	Age:
Nationality:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	

### YOUR CONTACT DETAILS

Mobile Telephone Number:	Home Telephone Number:
E-mail Address:	
Permanent Home Address:	
Country:	Zip/Post Code:
UK Address: (If different from the address above)	
Zip/Post Code:	



### COURSE DETAILS

<p><b>Which course are you applying for?</b></p> <p><b>Programme Level</b></p> <p><input type="checkbox"/> BSc (Hons)      <input type="checkbox"/> DipHE      <input type="checkbox"/> CertHE</p> <p><b>Programme</b></p> <p><input type="checkbox"/> Business      <input type="checkbox"/> Business (Marketing)      <input type="checkbox"/> Business (PR)</p> <p><input type="checkbox"/> Business (HRM)      <input type="checkbox"/> Business (NGO)      <input type="checkbox"/> Business (Sustainability)</p> <p><input type="checkbox"/> Business (Entrepreneurship)</p>	<p><b>When do you wish to start your course?</b></p> <p><b>2019</b></p> <p><input type="checkbox"/> 25 February 2019      <input type="checkbox"/> 08 April 2019</p> <p><input type="checkbox"/> 20 May 2019      <input type="checkbox"/> 01 July 2019</p> <p><input type="checkbox"/> 23 September 2019      <input type="checkbox"/> 04 November 2019</p> <p><b>2020</b></p> <p><input type="checkbox"/> 12 August 2019      <input type="checkbox"/> 11 May 2020</p> <p><input type="checkbox"/> 27 July 2020      <input type="checkbox"/> 04 September 2020</p>
<p><b>Where do you wish to study?</b></p> <p><input type="checkbox"/> London (UK)</p>	<p><b>Have you previously studied at LCIBS?</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      If yes, which course?</p> <p>_____</p>

**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:

### ENGLISH LANGUAGE QUALIFICATION

Is English your first language?      Yes       No

*If English in **NOT** your first language please provide details of your English language qualification with results obtained and the date, you took the test or will be taking the test below. **You must provide a copy of your English language test score report with your application.***

<p><b>ESL Exam type</b> (Cambridge English First (FCE) / BEC Vantage / IELTS Academic or UKVI (5-6.5) / TOEFL iBT (87-109) / TOEIC Listening &amp; Reading (785) / TOEIC Speaking &amp; Writing (310) / PTE General Level 3 (59-75) / Trinity ISE II</p> <p>Other: _____</p>	<p><b>Name and Address of the Test Centre:</b></p> <p>_____</p>
<p><b>Exam Date:</b></p>	<p><b>CEFR Level:</b>    <input type="checkbox"/> A1    <input type="checkbox"/> A2    <input type="checkbox"/> B1    <input type="checkbox"/> B2    <input type="checkbox"/> C1    <input type="checkbox"/> C2</p>

**Test Results:**

Listening:      Reading:      Writing:      Speaking:      Overall:



**CAREER HISTORY** *Please give details of relevant employment and/or professional experience (current first). Continue on a separate sheet or enclose CV if necessary.*

Date(s)		Nature of work and position held (please specify whether post was full or part time)	Name and Address of employer
From	To		

**PERSONAL STATEMENT** *(All applicants) Please use this space to summarise your academic interests and your personal motivation for choosing your intended course of study. Please underline you specific skills and experience related to the chosen subject as well as future relevance and your long term plans. You may continue on a separate sheet if necessary.*



### 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 us provide 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 or long-term medical condition that may affect your studies?

Yes

No

If yes please indicate the area(s) of impairment:

Hearing/Deaf

Learning difficulties

Physical

Mental illness

Mobility

Other

Medical condition and supporting requirements (please provide details):

LCIBS collects information about its students for various academic, administrative, health and safety reasons. The information is processed in accordance with Data Protection Act 1998 as well as the General Data Protection Regulation 2018 (GDPR), 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 purpose by the College.

### 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 as well as the General Data Protection Regulation 2018 (GDPR).

I confirm that I have read and understood the College's Terms and Conditions available at [LCIBS website](http://www.lcibs.co.uk)

Full Name:

Signature:

Date: