

Tel: 0044 -1202 553 876

Mobile: 0044 - 7879 466 983

Email: info@bournemouthcitycollege.com

ENROLMENT FORM – L3IFDHES Level 3 International Foundation Diploma for Higher Education Studies PERSONAL DETAILS Title Family Name First Name Previous Family Name Date of Birth Country of Birth Nationality Gender **Passport number Passport Issue Country Passport Expiry Date CONTACT DETAILS Email address Mobile Phone number** PERMANENT ADDRESS IN HOME COUNTRY Street name Town / City **Post Code** Country Next of Kin Name & relationship to you **Next of Kin contact number** ADDRESS IN THE UK Street name Town/City **Post Code ENGLISH PROFICIENCY DETAILS IELTS Score Not Yet Completed** GCE 'O' Level **NCC EDU Placement test DISABILITIES /SPECIAL NEEDS** Do you have any Learning or Physical disabilities/Special needs? If yes, please specify:

		SPONSORSH	IP DETAILS				
Sponsoring Organization Name							
Type of sponsorship		Course fees only					
		Full sponsorship					
		VISA DE	TAILS				
Do you currently have a UK Visa?		Yes					
		No					
Type of Visa			Visa Expiry Date:				
		PREVIOUS I	JK STUDY				
Have you previously studied		Yes					
in the UK?		No					
Where did you study?							
How long did you study?							
	A	CCOMMODATION	I REQUIREME	NTS			
BCC Residence		Yes					
		No \Box					
Single room En-suite		Double room En suite Twin		Twin roo	m En suite		
Homestay Provider		Yes					
		No					
Single room		Double room Twin roo		Twin roo	m		
		AIRPORT T					
Arrival Transfer	I Transfer Yes Departure Trans		sfer	Yes			
	No				No		
Which airport			Flight number				
		CRIMINAL RECO	ORD HISTORY				
In accordance with UK Law, you must state if you have any criminal convictions (excluding spent convictions and minor motoring offences) Do you have any criminal Yes No							
convictions?		res		NO			
If yes, please specified:							
DECLARATION							
DECLARATION						Ш	
I declare that the information I have s that the giving incomplete information				-			
obtain official records from any instit				-		-	
institutions to which I am seeking add							
accept liability to the payment of all of may be higher and I confirm that I am				_		_	
December 1861 and was a distanting the grounds their d		was to DCC Towns & Conditi	ione and DCC Driver	!:			
By submitting my details through this f	orm, rag	nee to bee Terms & Conditi	ons una BCC Privacy	Julicy.			
Signature:		Date:					
0			Date:				
			Date:				