

APPLICATION FORM

CONSERVATION OF CLOCKS (and RELATED OBJECTS)

Please tick which programme you are applying for:		
FdA Foundation in Historic Craft Practices Graduate Diploma Postgraduate Diploma/MA Professional Development Diploma		Photo Photo
Which academic year are you applying for? Where did you hear about this programme? ——————————————————————————————————		
PERSONAL DETAILS Sumame		
First name		
Gender Male Female Oth Date of Birth Nationality Current Address	ner Passport number	
Telephone Mobile — E-mail		
Permanent address if different from above		
Telephone Mobile		

SPECIAL N	IEEDS/DISABILITY				
Please refe	r to below & state in the space provided wh	nich the code which is most	appropriate to you:		
A. No kno	wn disability				
B. Two or	more impairments &/or disabling medical co	onditions			
C. A specif	īc learning difficulty e.g. dyslexia, dyspraxia o	r AD(H)D			
D. A social	/communication impairment such as Asperg	ger's syndrome/other autistic	spectrum disorder		
E. A long s	tanding illness or health condition such as ca	ncer, HIV, diabetes, chronic	heart disease, or epilepsy		
F. A menta	l health condition, such as depression, schize	ophrenia or anxiety disorder			
G. A physic	cal impairment or mobility issues, such as dif	ficulty using arms or using a	wheelchair or crutches		
H. Deaf or	a serious hearing impairment				
I. Blind or a	a serious visual impairment uncorrected by g	glasses			
J. A disabili	ty, impairment or medical condition that is r	not listed above			
financial pr	ovision to cover tuition and living expenses. e how your fees will be funded:	3 ,	ensure that you have adequate		
CEL E		ANACHINIT			
	SELF AMOUNT ————————————————————————————————————				
BANK LO		AMOUNT			
OTHER	-	AMOUNT			
DETAILC					
	OF EDUCATION AND QUALIFICATIONS				
Proof of ac	rademic qualifications may be required:	T			
DATE	NAME OF SCHOOL/UNIVERSITY/COLLEGE	COURSE ATTENDED	QUALIFICATION GAINED		
LIST OTHER COURSES PREVIOUSLY ATTENDED (IF ANY) ON CLOCK CONSERVATION AND/OR WATCH REPAIR					
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DETAILS OF EMPLOYMENT AND EXPERIENCE AND/OR RELEVANT EXPERIENCE

DATE	OCCUPATION	NAME OF EMPLOYER	SKILLS USED
ROFICIEN	NCY IN ENGLISH (for those whose first la	anguage is not English)	
rogramme	Framework of Reference for languages) leves of degree level and above. Countries n	ot included in this requiremen	it are listed on the UKVI website. The te
our compo	which must be still within its validity date ronents of the test (reading, writing, speakin Confirmation of Acceptance for Study (Co	ng and listening) at the require	d level. Pass marks will be recorded on ication for a Tier 4 student visa.
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WHAT DO YOU INTEND TO DO UPON COMPLETING YOUR STUDIES?
STATE SUBJECTS OR HISTORICAL PERIODS IN WHICH YOU HAVE A PARTICULAR INTEREST
DESCRIBE YOUR LEVEL OF HANDSKILLS
ARE THERE ANY COLLECTIONS, MUSEUMS OR GALLERIES THAT YOU KNOW PARTICULARY WELL?

REFERENCES (Professional or academic) Please arrange for two referees to complete and return the confidential referee forms direct to the college as soon as possible. Name of referee _____ E-mail ____ Address Telephone/ Mobile _____ E-mail Name of referee Address Telephone/ Mobile **DECLARATION** I declare that to the best of my knowledge the information given in this form is correct and I have enclosed the following information to complete my application. (Please tick)

Send your completed application form to: Admissions Officer, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

2 passport size photos attached to the spaces provided on the front of the application form.

I confirm that I have read and understand the College's Student Terms and Conditions

Date

Copy of my passport. All UK and overseas students must provide a copy

Copy of my transcripts/education qualification certificates.

(www.westdean.org.uk/study/student-information/terms-and-policy)

of their passport.

Signature

T +44 (0) 1243.818291 E admissions@westdean.org.uk W www.westdean.org.uk