

Application Form for Admission to a Research Programme (e.g. MPhil/PhD)

Please write clearly, with names and addresses in **BLOCK CAPITALS**

1 APPLICANT'S DETAILS	Surname		Title (Mr/Mrs/Miss/Ms)	
	Other names			
	Sex: (M or F)		Date of Birth	
	Permanent Home Address		Address for correspondence (if different)	
	Post Code:		Post Code:	
	Telephone:		Telephone:	
	Email:		Fax:	
			Passport/ID No:	
	Nationality		Country of Birth	
	Applicants not born in the UK Please state date of last entry		Country of domicile or permanent residence	
2 PROPOSED PROGRAMME OF STUDY	Faculty: Technology, Information Society Doctoral Programme			Full Time <input type="checkbox"/>
	Proposed area of research:			
	Site:	Start Date: Month ____ Year ____		Part Time <input type="checkbox"/>
	Please state name of academic member of staff with whom you have contact (if known)			
3 FEES/ SPONSORSHIP	Who is expected to pay fees? Applicant <input type="checkbox"/> Research Council <input type="checkbox"/> Employer <input type="checkbox"/>			
	Sponsor/Parent/Guardian <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/>			
	Name and address to which fee invoice is to be sent (if other than applicant)			
If your attendance at the University will be conditional upon the agreement of your employer, please tick <input type="checkbox"/>				

* Unless other instructions are given subsequent correspondence will be sent to the permanent home address

4 REFERENCES (One must be an academic reference)	Educational or other referees (report forms enclosed/attached: please send to referees)					
	First Referee Name			Second Referee Name		
	Position			Position		
	Address			Address		
5 EDUCATION Education since leaving school (Please enclose copies of all relevant certificates with your application)	Institutions attended	From	To	Examinations taken and Qualifications obtained (include all grades)	Grade	Date
				Examinations to be taken/with results pending (give subject and qualification)	Grade	Date
6 ANY EMPLOYMENT EXPERIENCE	Present Position				Date of appointment	
	Workplace address					
	Telephone					
	Name and address of employing body (if different from above)					
	Telephone					
	Details of previous posts held				From	To

**7
SUPPORTING
STATEMENT**

Give a statement of your reasons for wishing to undertake this programme and any other details you feel may be relevant to your application. Indicate your main areas of interest. You may use the space below or attach a statement.

Please do not exceed 500 words.

**8
ENGLISH
LANGUAGE
PROFICIENCY**

If your first language is not English please state your IELTS/TOEFL* score _____

What other English Language qualifications do you hold? _____

How many years have you studied English Language? _____

* Delete as appropriate

**9
DISABILITY**

Please tick from the list below the statement which is most appropriate to you:

000 You do not have a disability nor are you aware of any additional support requirements

010 You have dyslexia

020 you are blind/partially sighted

030 You are deaf/have a hearing impairment

040 You are a wheelchair user/have mobility difficulties

050 You need personal care support

060 You have mental health difficulties

070 You have an unseen disability (e.g. diabetes, epilepsy, asthma)

080 You have two or more of the above difficulties

090 You have a disability not listed above

Does your disability mean that you have additional support needs? ___

**10
PLANNING
STATISTICS**

Ethnic origin (This information WILL NOT be made available to Admission Tutors for selection purposes)

Complete this section only if you have shown in Section 2 of the form that your area of permanent Residence is in the UK.

Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write its code in the box.

—

White	
British	11
Irish	12
Other White Background	19

Black or Black British	
Caribbean	21
African	22
Other Black Background	29

Asian or Asian British	
Indian	31
Pakistani	32
Bangladeshi	33
Chinese	34
Other Asian Background	39

Mixed	
White & Black Caribbean	41
White & Black African	42
White & Asian	43
Other Mixed Background	49

Other Ethnic Background	80
Not Given (UK Domicile)	90
Overseas Domicile	99

11 MARKET RESEARCH	Please specify how you came to hear of research opportunities at DMU? Please tick one box Prospectus <input type="checkbox"/> TV Advert <input type="checkbox"/> Careers Office <input type="checkbox"/> Careers Fair <input type="checkbox"/> Radio Advert <input type="checkbox"/> Own Initiative <input type="checkbox"/> Press Advert <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____	
12 UNSPENT CRIMINAL CONVICTION	Do you have a criminal conviction which will be unspent at the time of your admission (if granted) to the University? You should not include any motoring offence for which the penalty was no greater than a fine and/or three penalty points. If you tick the 'Yes' box, the University may ask you for further details. If you do not tick either box, the University will return the form to you for completion. Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the University immediately.	
13 DECLARATION	I declare that, to the best of my knowledge, the information I have given above is correct in every detail. If enrolled, I agreed to abide by the regulations in force at the time. Applicants Signature _____	Date

The completed application form should be returned to:

The Research Degrees Office, 12 The Newarke, De Montfort University, The Gateway, Leicester, LE1 9BH, England

For Registry Use	Date	Initials
Recorded, acknowledged, sent to Faculty		
Status checked/questionnaire sent		
Qualifications checked		
Conditional offer sent		
Overseas FIN/MED/ENG/DEP		
Notes:		
Rejection sent		
Notes:		