

## Student Application Form (Please complete this form in **BLOCK CAPITALS**)

Please email your completed application and supporting documents to [admissions@gatewayil.com](mailto:admissions@gatewayil.com)

### YOUR COURSE

Level & Title of course	<input type="text"/>	Month/ Year of entry	Jan/Feb <input type="checkbox"/>	Apr/May <input type="checkbox"/>	Sep/Oct <input type="checkbox"/>
		Year	<input type="text"/>		
	Mode of Study	FT <input type="checkbox"/>	PT <input type="checkbox"/>	DL <input type="checkbox"/>	

### PERSONAL DETAILS

Surname/ Family name	<input type="text"/>	Forename(s)	<input type="text"/>	Title	<input type="text"/>
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*(these should be the names you are formally known by as they will be used on your certificate)*

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Previous family name (if changed)	<input type="text"/>
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Date of birth	<input type="text"/>	Nationality	<input type="text"/>
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Is English your first language or the language you were educated in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please attach a copy of your English language qualification certificate/s.
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Do you have any disabilities which may affect your studies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GIL will contact you to discuss this further if applicable.
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Have you previously studied at GIL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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Permanent Address	<input type="text"/>	Correspondence Address (if different)	<input type="text"/>
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Your phone/mobile number	<input type="text"/>
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Your whatsapp/skype number	<input type="text"/>
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Your email address	<input type="text"/>
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### QUALIFICATIONS

Please list all academic and professional qualifications starting with your highest level qualification and attach a copy of your qualification certificate which demonstrated that you meet the entry requirements

Qualification	Grades/ Percentage	Completion date	Name of educational establishment

#### Further Information about you, required by the Gateway Institute of Learning:

Do you have any criminal convictions (excluding a motoring offence for which a fine and/or a maximum of three penalty points were imposed) or a spent conviction?	No <input type="checkbox"/>
	Yes <input type="checkbox"/> (GIL will contact you for further details)

## What is your ethnic origin?

<input type="checkbox"/> Arab	<input type="checkbox"/> Black - other
<input type="checkbox"/> Asian - Bangladeshi	<input type="checkbox"/> Gypsy, Traveller or Irish Traveller
<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> Other
<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Other mixed
<input type="checkbox"/> Asian - Other	<input type="checkbox"/> White
<input type="checkbox"/> Asian - Pakistani	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Black - African	<input type="checkbox"/> White/Black African
<input type="checkbox"/> Black - Caribbean	<input type="checkbox"/> White/Black Caribbean

Any English Language Qualification/Test (IELTS or Equivalent)?

If yes, overall result?

Are you applying through an agent or educational representative? Yes  No

Agent/Educational representative name / email

## DECLARATION

- I understand that the information given on this form will be treated in strictest confidence and I consent to the details being used for GIL and Institute internal record-keeping purposes and procedures.
- I confirm that the information I have given in this form is true and accurate.
- I understand that giving false information will forfeit my right to the award.
- I understand that the course fees are neither transferable nor refundable once submitted.

**We take your participation in this programme as evidence of having read and made a commitment to abiding by the course regulations**

Signature  Date

## NEXT STEP

Please tick the boxes and attach the documents which support your application.

<b>Passport/ID:</b> (Please attach a copy of your current passport/ID)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Academic Transcripts:</b> (Attach all your academic transcripts & degrees from your education since the age of 16)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Work Experience:</b> (Provide details of all the jobs you have held (if any) since the age 18. CV is also acceptable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>English Language Evidence:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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