UCL Institute for Global Health Short Courses Application Form 2019-20

Please ensure that you have read the information and application guidelines accompanying this form.

PERSONAL DETAILS	Please provide a	passport sized picture h	ere:			
Surname or Family name	First Name(s)		Title			
Date of Birth Sex	Nationality		Do you require a visa			
M 🗆 F 🗆			Yes 🗌 No 🗌			
Address						
	Postcode					
Tel (Home)	Tel (Work)					
Email			_			
COURSE/S YOU ARE APPLYING FOR						
Which type of course would you like to apply for? (Please tick)						
'Short' course: not assessed (Attending student) 🗆					
'Taster' course: assessed (Associate student)						
Course Title		Dates				

EDUCATION

Please detail your education and qualifications starting with the most recent. Please include details of qualifications to be awarded. You must provide copies of certificates or other proof of academic / professional qualifications.

College / University State Country if outside the UK	Start Date	End Date	Qu	alification	Class of Degree or Grade/Mark	Main subjects studied
outside the UK					Grade/Mark	
ENGLISH LANGUAGE						
Is English your first lar	Is English your first language? Yes No					
If no, you must provide evidence of an English language qualification with your application. Accepted qualifications can be found using the link below. IGH requires the 'good' level.						
https://www.ucl.ac.uk/prospective-students/graduate/learning-and-living-ucl/international-students/english-						
language-requirements Please detail any work experience or education that you have undertaken in English including dates below:						
EMPLOYMENT						
Please list your employment to date. Continue on a separate sheet if necessary. You may include a copy of your Curriculum Vitae if this is more convenient. Medical graduates should include full details of all periods of clinical training and attachment.						
Name and address of employer – state country if outside UK		Dates	Position held a	nd main dutie	es	

PERSONAL STATEMENT

Why do want to study this course(s)? How will it contribute to your current work or future plans? Continue on a separate sheet if necessary.					
REFEREES					
Please supply the names and contact details of the two people who have/will provide references. If you are returning your references with this application in hard copy please ensure that your reference letters are confidential (i.e. in sealed envelopes signed by the referee across the seal). If you are emailing your application, please ask your referees to email their reference directly to the Short Courses Administrator: igh.adminsc@ucl.ac.uk					
Name	Name				
Position	Position				
Address	Address				
Telephone	Telephone				
Email	Email				
PAYMENT METHOD (please tick)					
UCL Onlinestore for credit/debit card payment Other - Please contact the Short Courses Administrator on +44 (0)20 7905 2646 to arrange other payment					
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ADDITIONAL INFORMATION

Have you previously applied to study the IGH MSc programme or IGH postgraduate modules as a short course or taster course student?				
If 'Yes', please state when you applied and for which course/s:				
Where did you find out about IGH courses?				
IGH website ☐ IGH staff ☐ IGH student ☐ Other (please specify) ☐ :				
DISABILITY				
If you wish to disclose a disability please do so here:				
APPLICANT DECLARATION AND SIGNATURE				
To the best of my knowledge, the information on this application is accurate and complete. (Please note that IGH reserves the right to refuse admission or to terminate a student's attendance, should it be discovered that he/she has made a false statement or omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications.)				
Data Protection Act 1998: I agree to UCL processing personal data contained on this form or any other data which UCL may obtain from me or other people or organizations whilst I am applying for admission. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on UCL premises or for any other legitimate purpose. Name:				
Name.				

Please return this form, together with:

- ✓ Copies of your qualifications, including transcripts✓ Up-to-date CV

Signature

- ✓ A copy of your passport✓ Your English language test certificate (if applicable)
- ✓ Two letters of reference (Taster applications only)

To: IGH Short Courses Administrator igh.adminsc@ucl.ac.uk 3rd Floor, WTB **UCL Institute for Global Health** 30 Guilford Street, London, WC1N 1EH, UK

Date