**Application Form**

**Course Details**

|  |  |
| --- | --- |
| Which course would you like to apply for? | |
| Course Title | Date |
|  |  |
|  |  |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Surname or Family name | First Name | Title (Mr/Mrs/Dr etc.) |
|  |  |  |

|  |  |
| --- | --- |
| Nationality | Do you require a visa |
|  | □Yes □ No |

|  |  |
| --- | --- |
| Address | |
|  | |
|  | |
| Postcode | |
| Tel (Home) | Mobile |
| Email | |

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualifications | | | | | |
| Please detail your most relevant qualifications that can support this application. | | | | | |
| **College / University (State Country if outside the UK** | **Start date** | **End date** | **Qualification** | **Class of Degree or Grade/Mark** | **Main subjects studied** |
|  |  |  |  |  |  |

**English Language**

|  |  |
| --- | --- |
| Is English your first language? (x) | If “No” have you? (x) |
| □ Yes □ No | □ Taken an English language test in the last 2 years?  □ Been educated at degree level or above in English? |
| Detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken. Any education or test must have been completed within 2 years of our proposed start date. | |
|  | |

**Employment**

|  |  |  |
| --- | --- | --- |
| Please list your most relevant employment below. | | |
| **Name employer – state country if outside UK** | **Dates** | **Position held and main duties** |
|  |  |  |

**Membership Professional Bodies**

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| --- |
| If you hold either General Medical Council (GMC) or General Optical Council, please provide your reference number. |
|  |

**Personal Statement**

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| --- |
| Why do you want to study this course(s)? How will it contribute to your current work or future plans? Limited to 150 words |
|  |

**Payment Method**

|  |  |
| --- | --- |
| Please note we do not accept cheques, cash or take payment over the  telephone | |
| **□ Please deduct the total sum due from:** | Credit card: □ MasterCard □ Visa  Debit card: □ Visa Delta □Switch / Maestro  Card No:  Start date: Expiry date:  Issue No (for UK debit cards only)  3 digit security code (last 3 digits on back of card)  Amount:  Cardholder’s Signature:  Student’s billing address, OR Name, address & telephone number of the cardholder if **not** the student: |

**Disability**

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| --- |
| If you wish to disclose a disability please do so here: |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Where did you learn about the course applied for? Please (x) or write in one or more boxes. | | | |
| □ UCL website | □ Moorfields website | | □ Exhibition fair |
| □ Employer | □ Flyer | | □ Former student |
| □ Magazine (please specify) | | □ Other (please specify) | |

**Applicant Declaration Signature**

To the best of my knowledge, the information on this application is accurate and complete. (Please note that Moorfields-UCL Institute of Ophthalmology 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 has 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 Moorfields-UCL Institute of Ophthalmology (MEH-UCL) processing personal data contained on this form, or other data which MEH-UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected to my studies, or my health and safety whilst on MEH-UCL’s premises or for any other legitimate purpose.

|  |  |
| --- | --- |
| Name:  Signature:  (electronic signatures are accepted) | Date: |

Please return a complete signed form to [moorfields.hq@nhs.net](mailto:moorfields.hq@nhs.net)