



# London School of Business and Management Studies

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## Admission Form

For Office Use Only

Student ID:

Your Photo

Course Applied for: -----  
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Course start Date: -----  
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Date of Application: -----  
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### Section A Personal Details

First Name (s):	Date of Birth:
Last Name:	Nationality:
Any other name you use for yourself:	Passport No:
Immigration Status in the UK:	Passport Expiry Date:
Visa Type:	Visa Expiry Date:
Mobile No:	Other Tele:
Current Address:	Permanent Address:
Marital Status: Married/Unmarried/ Divorced	Country of Birth:
Email address:	

Emergency Contact Details

Name: -----Mobile No: -----

Address: -----

----- Relation with you:

**Section B                      Qualifications (Highest qualifications obtained or expected)**

<b>Name &amp;Place of Institution</b>	<b>Subject or course</b>	<b>Qualification Achieved</b>	<b>Start date MM/YY</b>	<b>Finish date MM/YY</b>

**Section C    English Language Proficiency**

Is English is your first language? Yes/ No: -----

Was your previous education taught in English? Yes/No: -----

Have you lived in an English-speaking country for more than two years? Yes/No: -----

Do you have any formal qualification/certification in English: Yes/No? -----

**Section D****Work Experience****(last five years)**

Dates (From/To) MM/YY	Position held and nature of work	Name and address of employer

**Section E****Any other relevant qualifications (formal or informal) and  
work experience**

Please state below if you have any further formal/information qualification or work experience that can support your application.

**Section F****Personal Statement**

Why do you wish to do this course? Howe this course will help you in your career? What will you do after finishing this course?

**Section G**

**Further information**

Where did you hear from us? -----

Are you applying through an agent? Yes/No: -----

What is the agent name? -----

Agent's address: -----

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Agent contact number: -----

**Section H**

**Equal Opportunities Monitoring**

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**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say

**Is the gender you identify with the same as your sex registered at birth?**

Yes  No  Prefer not to say

If the gender you identify with is not the same as your sex registered at birth, please write in:

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**Age** 16-24  25-29  30-34  35-39  40-44  45-49   
50-54  55-59  60-64  65+  Prefer not to say

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**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

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**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your teacher, or student welfare officer.

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**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual

Pansexual  Undecided  Prefer not to say

If you prefer to use your own identity, please write in:

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**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

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**What is your working pattern?**

Full-time  Part-time  Prefer not to say

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**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours

Homeworking  Prefer not to say  If other, please write in:

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**Do you have caring responsibilities? If yes, please tick all that apply**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**Criminal Conviction Declaration**

**Please answer the following questions:**

1. **Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police? Please give details of offences, penalties and dates in the table below.\*** (Note that the post you have applied for is exempted under the Rehabilitation of Offenders Act (Exceptions Order) 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed.

Please ✓ as appropriate: Yes  (Please provide details) No

If your answer is Yes, please provide the details.

## Declaration

I declare that all the information provided in this form is true to the best of my knowledge. I understand that giving false information may lead to refusal of my application or cancellation of my admission any stage.

Applicant's Signature:	Date:
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