

## International Foundation Programme application form

Please complete this from if you wish to apply for our International Foundation Programme (IFP) and indicate which undergraduate degree you would like to progress to. Please type or write clearly in block capital letters using black ink in the spaces provided and tick the boxes as appropriate.

1. Your personal	details				
Title (eg Mr, Ms, Dr etc)			Gender	Male	Female
Last name					
First name(s)					
Date of birth	day	month	year		
				J	
Address	Home			Correspondence	
Line 1					
Line 2 Line 3					
City					
Postcode (UK Only)					
Country					
Email					
<b>Telephone numbers</b> (pl	ease include full cou	ntry and area code)		,	
-	case morade rail coo	, ,			
Daytime		Evening		Mobile	
2. Your proposed	programme	e of study and	d degree ch	oice	
When would you like to start?	September		Jar	uary	
to start?	(An overall UKVI IEI			UKVI IELTS 5.0 is required,	
	with a minimum of	4.0 in all skills)	with no inc	lividual score below 4.5)	
Please select which Inte	rnational Founda	tion Programme yo	u would like to s	tudy:	
Business, Law and	Social Sciences			Science, Technology,	Engineering and Maths
Sheffield Hallam Univers from your chosen IFP ro					
Please change to 'For		on on our list of a	vailable degrees	s, visit shu.ac.uk/ifp	

3. Nationality				
Country of birth (the country w	here you were born)			
Nationality (the country for whi	ch you are entitled to hold a pa	assport)		
Country of domicile (the country	ry you live in)			
Do you require a student visa t	o study in the UK? Yes	No No		
If you answer yes to the abo	ve question please provide	a copy of your pa	ssport, visa and	supporting transcripts.
Have you previously studied in	the UK?	No No		
Course title	Name of Institution/School/ University	Course Start/ End Date	Level, e.g BA, BSc, MA	Type of visa (please include copies)
When did you first enter the Uk	(2			
Are you currently in the UK?	Yes	No		
If yes, what is your immigration	n status			
Have you ever been refused a	visa for entry into the UK	Yes	No If yes,	please provide refusal documentation
Have you ever been refused er	ntry into the UK	Yes	No If yes,	please provide refusal documentation
Have you ever been subject to from the UK by the Home Office leave to remain?		Yes	No	
If yes, please provide details in notice or removal, including de				
Please note that if you intend to study www.gov.uk/study-visit-visa/overview		able to enter the UK on a	a short term visitor vis	a. Details can be found here
4. English language p	roficiency			
To enrol on the course, you are		S certificate from an	annroved centre	You can apply for the course
while you are waiting for your r				Tod dair apply for the doding
Have you taken your UKVI IELT	S test?	Yes	No No	
If yes, please provide the detail	s of your award below and inc	clude the UKVI IELTS	S certificate with ye	our application.
Overall score		Date of award	d	
Listening	Reading	Writing		Speaking
5 Criminal consisting				
5. Criminal conviction				
The University needs to know value, or, a conviction for an offer criminal drug dealing or traffick the academic consideration of	ence involving unlawfully suppl king. If you have such a convic	ying controlled drug	s or substances, v	where the conviction concerns
Please note some courses may whether or not you have declar			nd Barring Service	e (DBS) check irrespective of
Do you have any relevant crim	inal convictions?	Yes	s No	

## 6. Previous education

Please give details of your current or most recent school/college/university. When you submit your application, please include full transcripts of all your relevant academic qualifications translated into English.

nstitution name and country)	Dates attended (from-to)	Award and course title	Date of award	Result

## 7. Work experience

Please provide details of any recent work experience and/or the most recent full-time position you have held. Continue on separate sheet if necessary.

Most recent employmen	nt first		
Name and address of organisation	Job title and brief summary of responsibilities/ achievements	Dates of employmer	nt
		From	То

Please note that work experience is not an essential requirement of the course but may be used to support your application.

8. Further information	
Why do you want to study the Sheffield Hallam University International Foundation Progr	ramme?
	Continue on separate sheet if necessary
Why do you want to study your chosen degree course at Sheffield Hallam University?	
Willy do you want to study your enough degree course at enough rialiant eniversity.	
	Continue on separate sheet if necessary

9. Financial inforn	nation
How do you intend to pay	for your tuition fees?
Personal/family resources	Employer Sponsorship Scholarship Government body
If you are funded by an er	mployer, sponsorship, scholarship or government body, please fill in their details below.
Name	
Address	
Destanda	
Postcode Country	
Email address	
Phone number (Including full country and area code)	
Fax number	
10. Declaration	
1998 and other applicable	ly on this form will be used by Sheffield Hallam University in accordance with the Data Protection Act e legislation. The University will use the information to process your application and to provide any on by post, email or text. It will also be used to support the University's marketing and market research
Please tick if you do not w	vish to receive further information by:
Post Text	Email Phone
	our mind and you would like the University to stop sending such information, please contact the Department am University, Sheffield S1 1WB or email marketing@shu.ac.uk
Where required this information provided by stu	application form will be used to set up a student record on the University's student information (SI) system. ation may be shared with the government or their respective agents to check the accuracy of personal idents against external data sources such as the Higher Education Statistics Agency (HESA), or the Learn-Learner Record (LSC ILR), returns. The University may also contact other institutions to confirm previous
	ect fraud and comply with regulations for international students we reserve the right to, or may be required ith external organisations such as the police, the Home Office, the Foreign and Commonwealth Office, the and local authorities.
	o check international students' eligibility to study in the UK. This may require the University to liaise with and me Office or related Government agencies in relation to students' visa history and/or immigration history, ess.
for these purposes. Th	Office, or related Government agency, releasing information about my immigration history to the University is may include sensitive personal data about any orders, warnings, convictions or other penalties relevant to ote that failure to provide consent by ticking the above box may delay the processing of your application.)
is true, complete and acci consent to the processing is subject to my acceptan understand what they say	declaration statement. I confirm that, to the best of my knowledge, the information given in this form urate and no information requested or other material information has been omitted. I give my g of my data by Sheffield Hallam University. I understand that any offer of a place on the above course ace of the University's terms and conditions (visit www.shu.ac.uk/students/terms), which I have read. I g, and I agree to abide by the conditions set out there. I accept that if I do not fully comply with these allam University reserves the right to cancel my application and I shall have no claim against Sheffield on to this application.
Applicant's signature	Date
	pplicant's parent or guardian if the applicant is under 18 years of age: erstood and agree to the declartion above on behalf of the applicant.
Parent/ Guardian	Date
If you are completing the ap	oplication form electronically, please type your full name into the signature box

For office use only	

Please note this section of the application will not be used in the consideration of your application

## 11. Disabilities and support needs

The University welcomes students with disabilities, but we need to know your needs so that we can make appropriate arrangements. If you have a special need, please tick the most appropriate box. The Disabled Student Support Team will contact you to discuss how to help you.

This information will remain strictly confidential.

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Do you consider yourself to have a disability Yes No
Type of disability
Specific learning disability eg dyslexia, dyspraxia etc. Blind/partially sighted
Deaf.hearing impairment Wheelchair user/mobility difficulty
Autistic spectrum disorder/Asperger syndrome Mental health difficulty
Multiple disabilities Personal care support
Unseen disability eg diabetes, cancer, epilepsy, asthma etc
Other please specify
On a separate sheet, please provide further details of the nature of your disability and the support you would require.
Do you agree that this information can (where applicable) be shared with the course leader in order to ensure the provision
of suitable support ? Yes No
12 Terms and conditions
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