

STUDENT
PHOTO

APPLICATION FORM

DATE

(day / month / year)

PERSONAL DETAILS

Title ☐ Miss ☐ Mr. ☐ Mrs.

Surname

Name

Date of birth (day/month/year)

Place of Birth

Nationality

1st Language

PASSPORT OR TRAVEL DOCUMENT DETAILS

Passport Number:
Please send a copy of your passport

Place of Issue of Passport

Issue Date(day/month/year)

Expiry Date(day/month/year)

Date of entry to the UK (if applicable) (day/month/year)

HOME ADDRESS & CONTACT DETAILS OVERSEAS

Full Address

Town

Postcode

Country

Email

Skype

Mobile

Telephone(landline)

UK ADDRESS & CONTACT DETAILS OVERSEAS

Full Address

Town

Postcode

Country

Email

Skype

Mobile

Telephone(landline)

Which course do you want to study

Course Name:

Preferred Start Date (not guaranteed)

YOUR CURRENT QUALIFICATIONS

	Qualification Type /Name	Year of Achievement and Score
Highest Qualification		
Foundation /English Qualification		
Course Relevant Qualification		

HOW DID YOU FIND OUT ABOUT THE LONDON CENTRE FOR TRAINING & DEVELOPMENT?

- ☐ Internet Search Engine ☐ Friend Referral
- ☐ Other (please specify):

EMPLOYMENT DETAILS

Job Title:

Brief Description of your Roles and Responsibilities:

Work Hours: ☐ Full time ☐ Part time Date Commenced:

Status: ☐ Paid ☐ Voluntary National Insurance No:

PERSONAL STATEMENT

Minimum 350 words and Maximum 600 words -

Please use the space below for summarizing your academic interests and your reasons for choosing your intended course of study.

ACCOMMODATION

Would you like LCTD to arrange accommodation for you? ☐ Yes ☐ No

Note: subject to availability. 2 weeks' notice is required for homestay

If YES, please tick the accommodation preferred:

- ☐ Standard Homestay ☐ Executive Homestay ☐ Homestay Special Diet
☐ Standard Student Residential ☐ En-suite Student Residential

Start Date (day/month/year)

Finish Date (day/month/year)

Note: Arrival must be on Sunday & Departure must be on Saturday.

Do you smoke? ☐ Yes ☐ No

Special food requirements: ☐ Yes ☐ No

If YES, please specify: ☐ Vegetarian ☐ Halal ☐ Allergies ☐ Others (please specify)

INSURANCE

Would you like LCTD to arrange insurance cover? (See Terms and Conditions and price list) Yes ☐ No ☐

Insurance Cover – Homestay Accommodation

Please note that insurance cover is included when you book homestay accommodation through us.

If you do not book insurance with us but are staying in homestay accommodation, you must provide a copy of your own insurance policy (in English) by email to: info@lctd.co.uk. If we do not receive this, insurance will be added to your invoice automatically.

AIRPORT TRANSFERS (see price list)

Would you like LCTD to arrange an airport transfer for you? ☐ Yes ☐ No

Arrival details

Date	Time	Flight No.	Flying from	Flying to

Departure details

Date	Time	Flight No.	Flying from	Flying to

HEALTH

- Do you take any medication? ☐ Yes ☐ No If yes, please specify:
- Do you have any allergies? ☐ Yes ☐ No If yes, please specify:
- Do you have any special needs? ☐ Yes ☐ No If yes, please specify:

REFERENCE 1	REFERENCE 2
Title: Name:	Title: Name:
Address:	Address:
Postcode or Zip:	Postcode or Zip:
Telephone:	Telephone:
E-mail:	E-mail:

LONDON CENTRE FOR TRAINING AND DEVELOPMENT – BANK DETAILS	
Bank: Lloyds Bank	IBAN No: GB80LOYD30919126448060
Account name: London Centre for Training and Development	BIC: LOYDGB21456
Account No: 30-91-91	Sort Code: 26448060

ADMISSIONS

Please complete all sections of this form and return it to LCTD along with the following relevant documentation:

- A copy of your passport and student visa (if applicable)
- Copies of all educational and professional certificates
- A current CV
- A police check from your home country, and a DBS certificate if you are applying to work in the UK
- Evidence of English language proficiency, such as IELTS or an equivalent qualification (each programme specification will outline the required level of English)

You will be contacted if any further information is required. Full details regarding admissions, registration, and all aspects of study at LCTD (including specific requirements for Standard Visitor Visa applicants) are available on our website.

Please ensure that you review the course information page and carefully read all relevant details regarding a successful visa application.

DECLARATION

I confirm that I have read, understood and agreed to the terms and conditions (in connection with visa refusal and refund) sent with this application form

Full name (Capital letters) _____

Signature _____ Date (day/month/year) _____

AGENT & EDUCATION PARTNER USE ONLY	
Agency:	
Contact Name:	
Fax:	
E-mail:	