



Youth Academic Services (YAS)

(A most reliable and preferred education consultancy globally)

YOUTH ACADEMIC SERVICES LTD (YAS) PROSPECTIVE STUDENTS QUESTIONNAIRE

Thank you for your interest in our organisation in order to get admission to your preferred institutions. Please complete the questionnaire below and return to admission@yasbd.org. If you want to complete the form by hand, please print clearly in black ink and BLOCK CAPITALS.

Personal Details:

First Name:	Family Name:
Gender:	Date of Birth:
Nationality:	Country of Birth:
Email:	Phone Number:
Passport No:	PP start Date: PP end Date :
Permanent home address:	
UK address including post code: <i>(if available)</i>	

Immigration Details for the EU student

Date of first entry to the UK:
Have you applied for Pre-settled/settled status in the UK?
When did you apply for Pre-settled/settled status in the UK?
If you hold Pre-settled/settled status; what is the expiry date?
What is your Pre-settled/settled status share Code?
Are you a dependant of EU national entered into the UK after 31 December 2020 or a dependant of a British National? <i>(if the answer is yes):</i>
What is your visa status?
When is your current visa expiry?



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Education Background

Dates of study	Name and Address of the Institutions	Course Title/Qualification	Result	Level of study, (eg.NQF)
From mm/yy/..... End mm/yy/.....				
From mm/yy/..... End mm/yy/.....				
From mm/yy/..... End mm/yy/.....				

Language Qualifications

Type of tests (eg. IELTS)	Date of Test	Overall score	Listening	Reading	Writing	Speaking

Indicators

Fee payment method	Unique learner number	Ethnic Origin	Occupation level (eg. Supervisor/ manager/manager)	Next of kin or Nominated contact	Relationship to next of kin

Additional Information

Have you previously applied or enrolled onto a course in UK?	Have you studied mathematics as part of any previous qualification?	If yes, Please provide the grade you achieved	If yes, Please confirm year completed



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Work/Internship experience – 1 *(if available)*

Job Title:	
Name of organization:	
Address of organization:	
Date From (MM/YY):	To (MM/YY):
Duties:	

Work/Internship experience – 2 *(if available)*

Job Title:	
Name of organization:	
Address of organization:	
Date From (MM/YY):	To (MM/YY):
Duties:	

References:

Reference 1



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Title: (Mr./Ms./Mrs.):	Position:
Name:	Phone number:
Work email:	
Relationship to you (e.g. Employer, tutor, professor):	
How long has the person known to you?	
Name of Institution/Organization:	
Address of Institution:	

Reference 2	
Title: (Mr./Ms./Mrs.):	Position:
Name:	Phone number:
Work email:	
Relationship to you (eg. Employer, tutor, professor):	
How long has the person known to you?	
Name of Institution/Organization:	
Address of Institution:	

Do you have a disability?

Yes No If you answered "Yes" please mention:

.....

Have you ever been committed, been arrested for or been charged with any criminal offence?

Yes No If you answered "Yes" please explain:

.....

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Date: _____

Signature: _____

Student Authorisation form



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The UK Data Protection Act 1998 and the EU's GDPR protect the personal data you supply and how it is used, stored and managed. All **Youth Academic Services (YAS)** services to students are free of charge. **Youth Academic Services** works with all the UK Education institutions (*such as; colleges, universities, further education providers etc.*) and uses the below data to assist with advisory and education institutions applications support.

Name of student (as on passport)	<i>First Name:</i>	<i>Family Name:</i>
Date of birth		Gender:
Email		
Phone Number		
Nationality		
Address		
<p>I understand that Youth Academic Services will be using my personal data to assist me with my education institution (<i>such as, college/university/further education provider etc.</i>) selection, course selection, document preparation & to support my UK education institution (<i>such as; college, university, further education provider</i>) application; I will be using their free services and taking their advice; I authorise my information to be shared with Youth Academic Services, and UK education institutions, for the purpose of assisting with my application to UK education institutions. The data provided will assist for the above services.</p>		
Signature of student		
Date		

Authorisation for Agent Representation



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I, (name of the student), hereby authorise **Youth Academic Services Ltd** to be my representative and act on my behalf in all matters connected with my application to the

I confirm that I have/have not (*delete accordingly*) used another agency in connection with my application to (*Institution name*).

If another agency has been used, please insert their name in the declaration below:

I accept the responsibility to notify (*name of the previously engaged agent*) that I will no longer require their services.

Applicant details

First name:

Surname:

Date of birth:

Student ID (if known):

UCAS application number (if applicable):

Course applied for:

Applicant's signature:

Date: