

# Sign UP

## FORM

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

**\*\*Please answer the questions below.**

Please tick the intended course below:

Foundations	<input type="checkbox"/>	Course	_____
Bachelors	<input type="checkbox"/>	Course	_____
Masters/ MPhil	<input type="checkbox"/>	Course	_____
PHD	<input type="checkbox"/>	Course	_____

**\*\*Please mark from the list of Universities:**

<input type="checkbox"/> Brunel University	<input type="checkbox"/> De Montford University	<input type="checkbox"/> Queens University of Belfast
<input type="checkbox"/> BPP University	<input type="checkbox"/> University of Law	<input type="checkbox"/> ULSTER University
<input type="checkbox"/> UWE Bristol	<input type="checkbox"/> City University, London	<input type="checkbox"/> Cambridge Education Group
<input type="checkbox"/> Westminster University	<input type="checkbox"/> Oxford International Education	<input type="checkbox"/> NAVITAS
<input type="checkbox"/> University of Greenwich	<input type="checkbox"/> Middlesex University	<input type="checkbox"/> The University of the West of Scotland
<input type="checkbox"/> University of Bedfordshire	<input type="checkbox"/> Birmingham City University	
<input type="checkbox"/> University of South Wales	<input type="checkbox"/> Northumbria University	
<input type="checkbox"/> University of Roehampton	<input type="checkbox"/> University of Hertfordshire	
<input type="checkbox"/> University of Suffolk	<input type="checkbox"/> University of East Anglia	

**NOTE:**

\*\*\*\*\*This form is required for the purposes of gathering information of the applicant required for making an application for the desired course. The application form proposed to the applicant is expected to be returned within 7 days from the date of receipt of the application form. Failure to provide the application form will be automatically be regarded as a cancellation by the applicant \*\*\*\*\*

SIGNATURE: \_\_\_\_\_

# COURSE

DATE:

# DETAILS

Field of Study

Course Interested

Preferred Institution

Preferred Location

Please tick the documents if available upon request:

Birth Certificate ☐ Yes ☐ No

Degree Certificate ☐ Yes ☐ No

Degree Transcript ☐ Yes ☐ No

Statement of Purpose ☐ Yes ☐ No

CV ☐ Yes ☐ No

**\*\*FOR OFFICIAL USE ONLY**

FIRST PREFERENCE	
SECOND PREFERENCE	
THIRD PREFERENCE	

## TRANSCRIPT AVAILABILITY

NOTE: \*\*We expect all Educational Transcripts to be available upon request. Please do not mention expected grades above. If a subject or course result is pending, please kindly write "pending".

All academic transcript is separate from the degree certificates and depicts the list of all subjects/modules taken during the course completed. The transcript must depict the results for each module including any resits undertaken and the overall course result.

SIGNATURE:

DATE: \_\_\_\_\_

# COURSE

## Details

Please tick the relevant box	Yes	NO
IELTS/ Pearson PTE test Taken		
Obtain Two Academic reference Letter		
Previously applied for UK Tier-4 VISA		

SCORE	IELTS	PEARSON PTE TEST
READING		
WRITING		
LISTENING		
SPEAKING		
OVERALL		

# COURSE

DATE:

## Details

**\*\*COURSES COMPLETED TILL DATE: ( HIGHER SECONDARY EDUCATION/HIGH SCHOOL/  
GCSE/ALEVEL/DIPLOMA/BACHELORS/PGDL/ MASTERS)**

Course NAME	LEVEL	GRADE

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# DECLARATIONS

DATE: \_\_\_\_\_

## & Privacy Policy

### AGREEMENT

- I declare the above mentioned information provided along with any attached documents is true and in correct form.
- I am aware and have been explained about GDPR (Data Protection) Act. I do hereby authorise to be represented by Align Consultancy.
- I am happy for Align Consultancy to use my contact details at a later date for promotional purposes and for official use only.
- The information provided in the application form may be forwarded or distributed to channel partners or third parties for official use only. Any forwarding, distribution, or disclosure of information is authorised whether in whole or in part.
- The application form proposed to the applicant is expected to be returned within 7 days from the date of receipt of the application form. Failure to provide the application form will automatically be regarded as a cancellation by the applicant.
- I acknowledge that I have reviewed and understand the policies and guidelines within the document provided by Align Consultancy.

#### Legal Disclaimer:

\*\*\*\*\*The contents of this email any attachments are confidential. It is intended for the named recipient only. If you are not the recipient, you are notified not to disclose; copy; distribute; share; record; retain data or any other action. If this email has been received by error, please notify us and delete this message. This email any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they addressed. Under the General Data Protection Regulation (GDPR) (EU), we have a legal duty to protect any information we collect from you. Information contained in this email and any attachments may be privileged or confidential and intended for the exclusive use of the original recipient. If you have received this email by mistake, please notify immediately and delete this email, including emptying your deleted email box. \*\*\*\*\*

Please fill in the required information below:

NAME:	
SIGNATURE:	
DATE:	