

## Pre-Sessional Study Skills Programme (PSSP)

for Bournemouth University courses starting in September 2009

### APPLICATION FORM

Please complete **all sections** of this form in BLOCK CAPITALS in English. Send your application with a copy of your Bournemouth University **Unconditional Offer** letter to your local Kaplan Aspect representative, or to the following address:

**Kaplan Aspect Bournemouth, 130-136 Poole Road, Bournemouth, BH4 9EF, UK.**

**E-mail: [upo.admissions@kaplanaspect.com](mailto:upo.admissions@kaplanaspect.com)**

#### Section 1 – Personal Details

First name(s) \_\_\_\_\_

Family name \_\_\_\_\_

Date of Birth

D	D
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M	M
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Y	Y	Y	Y
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Nationality \_\_\_\_\_

Male/Female \_\_\_\_\_

Passport Number \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postcode: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address \_\_\_\_\_

#### Section 2 – Your University Course

Are you an Undergraduate or Postgraduate student? (please tick)

Undergraduate

Postgraduate

Which course will you study at Bournemouth University?

#### Section 3 – Your English

If you have taken English examinations, please write the scores: IELTS \_\_\_\_\_

TOEFL \_\_\_\_\_

#### Section 4 – Additional Needs

Please tick  the appropriate code(s) from the list below. *(This will not adversely effect your application for a place).*

00 No known disability

10 Dyslexia

11 Dyspraxia

12 Dyscalculia

13 ADD/HD

14 Asperger's Syndrome

21 Blind

22 Partially sighted

31 Deaf (BSL user)

32 Deaf (non BSL user)

33 Hearing impaired

34 Lipreader

41 Wheelchair user

42 Mobility difficulties

50 Personal care support needed

60 Mental health difficulties

71 Diabetes

72 Epilepsy

73 Asthma

80 Multiple disabilities

91 Chronic Fatigue Syndrome (ME)

90 Disability not listed above

## Section 5 – Personal Declaration

I confirm that whether submitting the application form electronically or on paper, the information given in my application form is true, complete and accurate, and that no information requested or other material information has been omitted. I accept that, if I do not comply with these requirements, the College may cancel my application and subsequent offer and I shall have no claim against the College in relation thereto. Applications submitted by e-mail are deemed to have accepted the terms of the declaration given above.

<b>Applicant's Name</b>		<b>Applicant's Signature</b>	
<b>Parent's/Guardian's Signature</b> (if student is under 18 years of age)		<b>Date</b>	/ /

## Section 6 - Kaplan Aspect Services

### Accommodation

<b>Check In:</b>	Check in date (d/m/y)	/ /	<b>Check out date (d/m/y)</b>	/ /
<b>Room Type:</b>	Single Room <input type="checkbox"/>		Twin Room <input type="checkbox"/>	
<b>Accommodation :</b>	Bournemouth University Residence** <input type="checkbox"/>	Homestay* <input type="checkbox"/>	Kaplan Aspect Apartment/Residence** <input type="checkbox"/>	
<b>Optional Homestay supplements:</b>	Private bathroom <input type="checkbox"/>		Close to School supplement <input type="checkbox"/>	
<b>**Please specify name of residence/apartment:</b>				
<b>Do you have any special requests (eg. allergies, diet, no cats/dogs)?If yes, please specify:</b>				

### Additional Services

<b>Would you like Kaplan Aspect Travel &amp; Medical Insurance?</b> <i>If not you need to organise your own insurance.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Would you like an airport transfer service on arrival?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please send flight details to your Kaplan Aspect's Representative.</b>		

### Declaration

- I confirm that I have read and accepted Kaplan Aspects General Terms and Conditions*
- I authorise any licenced hospital or physician to initiate medical treatment for myself in case of medical emergency, or for my child if he/she is under 18 years old.*

<b>Signature</b>		<b>Date</b>	/ /
<b>Parent's/Guardian's Signature</b>		<b>Date</b>	/ /

**Required if student is under 18 years old**