



FORM: PSA-LD-001

Application Form

COURSE YOU ARE APPLYING FOR

Course Ref.	Course Title	Dates

PERSONAL INFORMATION

Candidate Name			
Title: (Mr, Mrs, Ms, Miss, Other)		Gender: (male/female)	
Current Address			
	Postcode:		
Home Telephone No.			
Mobile Telephone No.			
Email			
Date Of Birth		Age (at start of course)	

Nationality			
Country of permanent residence?			
Do you require a visa to study in the UK?	Yes	No	
If you have not lived in the UK/EU for the last 3 years, please state date of entry:	D	D	M M Y Y Y Y
With EU Passport	Tick	Refugee Status	Tick
Exceptional Leave to Remain	Tick	Asylum Seeker	Tick
Right of Abode/Indefinite Leave to Remain	Tick	Student/Visitors/Working Visa	Tick
Humanitarian Protection/Discretionary Leave	Tick	Other (please specify below)	Tick

We need to know the following for monitoring our Equal Opportunities policy. Please tick which box you think applies to you:			
Asian/Asian-British – Bangladeshi	Tick	Mixed – White and Asian	Tick
Asian/Asian-British – Indian	Tick	Mixed – White and Black African	Tick
Asian/Asian-British – Pakistani	Tick	Mixed – White and Black Caribbean	Tick
Asian/Asian-British – Other	Tick	White – British	Tick
Black/Black British – African	Tick	White – Irish	Tick
Black/Black British – Other	Tick	White – Other	Tick
Chinese	Tick	Other	Tick

Cont. (page 1 of 3)

PREVIOUS EDUCATION AND QUALIFICATION

Please list schools/colleges/training centres you have attended since aged 11.

Dates	Name of Institution

Please list any qualifications achieved, starting with the most recent. (NOTE: Some courses required proof of qualifications.)

Year	Qualification and subject	Awarding Body	Result/Grade

WORK EXPERIENCE

Please list any full or part-time work (paid or unpaid) you have undertaken, starting with the most recent?

Date (from-to)	Your Job Title/Position	Name of Employer	FT/PT

ADDITIONAL LEARNING SUPPORT			
Do you have a disability, learning difficulty or medical condition?		Yes	No
If yes, please tick the boxes which are applicable to you:			
Dyslexia	Tick	Medical Condition	Tick
Dyspraxia/Dyscalculia	Tick	Sickle Cell Anaemia	Tick
Hearing Impairment	Tick	Aspergers syndrome	Tick
Visual Impairment	Tick	Autistic Spectrum difficulties	Tick
Mobility difficulties	Tick	Moderate Learning Difficulties	Tick
Mental Health difficulties	Tick	Severe Learning Difficulties	Tick
Other (please specify)			

CHOICE OF COURSE

Please tell us why you are interested in the course(s) you have applied for?	
Please tell us why you are interested in studying with PSA-International?	

DECLARATION

<i>'I certify that the information I have given on this form is correct and I give my consent to the processing of this information for all purposes relating to my application including information on open days, interviews, assessment and enrolment. I understand that full details of that process and my rights in this respect are set out in PSA-International Data Protection Policy which is available on request.'</i>			
Student Signature		Date	

Thank you for completing this application form. Please check that all sections are complete and accurate, and send to us (our regional centre or country representative) at:

International Protective Security Academy

European Centre	United States Centre	South America Centre	Asian-Pacific Centre	African Centre	Middle-East Centre
info@psa-academy.org	america@psa-academy.org	america@psa-academy.org	asia@psa-academy.org	africa@psa-academy.org	middleeast@psa-academy.org
psa-hungary@psa-academy.org	us.office@psa-academy.org	brasil@psa-academy.org	malaysia@psa-academy.org	nigeria@psa-academy.org	uae.centre.dubai@psa-academy.org