



PLEASE SEND APPLICATIONS TO:

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Hove College Brighton is a member of the British Study Centres group of colleges and is recognised as efficient by the British Accreditation Council for Further and Higher Education

| FOR OFFICIAL USE ONLY |
|-----------------------|
| Application Ref. No. |
| Course offered |
| Date(s) |
| Instructions |
| Reg / Rep |

APPLICATION FOR ENROLMENT

Please read *NOTES* overleaf, then complete in *BLOCK LETTERS* and return this form.

NOTE: By answering the questions on this form, you will help us to help you. We need to know about you - your background, your ambitions and your interests - so that we can advise you about the most suitable course and how best you can reach your goal. You do not commit yourself to anything by completing this form.

PERSONAL DETAILS

Full Name (as you would like it to appear on your acceptance letter) _____
First Name Second Names (if any) Family Name

Postal Address _____

Home Tel. _____ Contact Tel. _____ E-mail _____

Nationality _____ Sex _____ Date of Birth DD/MM/YY _____ Age _____

How did you hear of us? Friend Representative Web British Council Advertisement (List publication) _____

EDUCATION

Your academic qualifications. Please give complete details of your academic qualifications including the name of the examination, the subjects taken and the marks or grade obtained. Alternatively, you can write 'see attached' in the space below and then attach photocopies of your examination results.

University (if applicable) _____

College (if applicable) _____

School _____

If you have taken some examinations but have not yet received the results, please tell us what you have taken, and when the results are expected.

EMPLOYMENT

In many cases job experience in the subject you have selected is accepted by the Professional Associations and Institutes in the place of academic successes. Therefore if you have any relevant work experience please tell us what sort of work you have done and for how long.

COURSE PREFERENCE

YOUR PREFERRED START DATE _____

Please choose the course you wish to apply for. (Please tick one only)

- | | | |
|---|---|--|
| <input type="checkbox"/> Web Design Certificate | <input type="checkbox"/> International E-Business Diploma with Web Design | <input type="checkbox"/> Marketing & Media Certificate |
| <input type="checkbox"/> Internet Marketing Certificate | <input type="checkbox"/> Creative Media & Internet Studies | <input type="checkbox"/> Digital Design Certificate |
| <input type="checkbox"/> International E-Business Certificate | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Creative Communications Diploma |
| <input type="checkbox"/> International E-Business Diploma | | <input type="checkbox"/> Other _____ |

WHY YOU WISH TO STUDY

Please tell us why you wish to undertake your chosen course and how you believe it will help you achieve your goals.

