

APPLICATION FOR ENROLMENT

To help us to assess your training requirements, it is important that we first have some background information about you. We should therefore be grateful if you would complete and return this form. By doing so you will help us to help you. We need to know something 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.

TITLE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
SURNAME <small>(Block Capitals)</small>	TELEPHONE NUMBER
FIRST NAMES	MOBILE NUMBER
ADDRESS	E.MAIL ADDRESS
	NATIONALITY
	DATE OF BIRTH
POSTCODE	
NAME OF SECONDARY SCHOOL, COLLEGE OR UNIVERSITY	
Dates	
Dates	
CURRENT QUALIFICATIONS AND, IF APPLICABLE, EXAMINATIONS YET TO BE TAKEN	

COURSE PREFERENCE

PLEASE INDICATE THE COURSE/S OF INTEREST AND PREFERRED START DATE (MONTH AND YEAR)

COURSES	DURATION	JANUARY	APRIL	SEPTEMBER	YEAR
<input type="checkbox"/> Executive PA Diploma	9 months				20__
<input type="checkbox"/> Executive PA Diploma	6 months				20__
<input type="checkbox"/> Gap Year Certificate	3 months				20__
<input type="checkbox"/> Graduate Career Diploma	3 months				20__
<input type="checkbox"/> Returner to Work Certificate	3 months				20__

continued

ADDITIONAL INFORMATION (please complete)

ACCOMMODATION

Do you require student accommodation for the duration of your course? Yes No

Will you be bringing your car with you to Oxford? Yes No

EMPLOYMENT HISTORY _____

CAREER ASPIRATIONS _____

INTERESTS / HOBBIES _____

SPECIAL ACHIEVEMENTS _____

MEDICAL HISTORY (ie are you diabetic, asthmatic etc) _____

HOW DID YOU HEAR ABOUT OMBS _____

ANY QUESTIONS _____

RETURNING YOUR FORM

Please indicate below how you would like to proceed after returning your application form

- I will contact OMBS to arrange an informal interview with the Principal
- Please contact me for a telephone interview with the Principal
- Please send me Enrolment Forms to be returned to OMBS for enrolment

DATE: