

## Overseas Student Assessment Form



### 1. Part 1:

#### 1.1. Personal Details (All students should answer these questions)

Title (Mr/Miss/Ms/Mrs/Other)		First Name	
Middle Name		Surname	
Date of Birth (DD/MM/YYYY)		Gender (Male/Female)	
Nationality		Country of Birth	
Passport No		Country of permanent residence	
Passport Issue Date		Passport Expiry Date	
Age(in Years)			
Marital status (Single/ Married/ Separated/ Divorced/ Widowed/ Living with partner)		If married please give the Details of your children (If any).	

#### 1.2. Address:

Correspondence Address:	Permanent Address:
Town:	Town:
Postcode:	Postcode:
Telephone (Home):	Telephone (Work):
Email id:	

### 2. Part 2:

#### 2.1. About Your Course

What is the full title of your first choice of academic programme? Please give the qualification and subject/major of your programme, for example Diploma in IT/ Advance Diploma in Business studies etc.

Qualification Sought	
Subject	

### 3. Part 3:

#### 3.1. About Your Previous Education

	Qualification	Grade/class	Awarding Body
1			
2			
3			
4			

**3.2. When have you completed your last course of study?**

Which year		If continues <input type="checkbox"/>	Other <input type="checkbox"/>
If there is a gap year please explain what you have done in gap year:			

**3.3. Have you had IELTS Test? If yes, please insert the IELTS score:**

If no, please explain other similar language test that includes your English language marks in previous education:

**3.4. Who will pay you the tuition fee?**

Yourself <input type="checkbox"/>	Parents <input type="checkbox"/>	Scholarships <input type="checkbox"/>
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**3.5. If you have granted a leave to enter in the UK as a student, how will you manage your living cost?**

A. Parental contribution <input type="checkbox"/>	B. Self funding <input type="checkbox"/>	C. Part-time work(Legal limits up to 20 hours) <input type="checkbox"/>
D. Other <input type="checkbox"/>	Please specify:	

**3.6. If the answer is part-time work, if you can not find part-time job how would you manage the living and accommodation cost?**

Explain:

**4. Part 4:**

**4.1. About your parents, husband, wife or partner**

Parents/Husband's, wife's or partner's details:

Relation		First name	
Surname		Address	
Nationality		Ph No.	
		Postcode	

**5. Part 5:**

**5.1. Parents, husband's, wife's or partner's income before deductions for this year.**

**5.1.1. Current occupation and employment**

Relation	
Occupation	
Employer	
Employer's address/Self employment address	
Postcode	

Answer every question and enter an amount, 'none' or 'N/A' where appropriate. Give details of the gross income (before deductions) received for last year.

Type of income and evidence we need (Fill whichever is applicable)

**5.1.2. Salary or wages before any deductions (any one)**

Father	Mother	Husband, wife or partner
£	£	£

**5.1.3. Income from self-employment (estimate if not known)**

Send evidence of the amount

Father	Mother	Husband, wife or partner
£	£	£

**5.1.4. Income as company director/business**

Send evidence of the amount

Father	Mother	Husband, wife or partner
£	£	£

**6. Part 6:**

**6.1. Medical History**

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work/school, (c) treatment, as appropriate.

Have you ever suffered from any of the following illnesses?	Yes	No	If yes, please give details
Visual defects/eye conditions (including colour-blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hay fever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			

Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			

<b>Have you Ever undergone a surgical operation or been admitted to hospital for any reason?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please give details</b>
Had more than 20 days sickness absence in the past 2 years?			
Ever been, or are a Registered Disabled Person?			
Received a Disability Pension?			
Suffered from an Industrial Disease/Accident?			
Had a chest X-ray in the past 12 months – If so state place / date / result			

<b>Present Health Status</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please give details</b>
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you pregnant? Which month?			
Do you have children? How old are they?			
Are you a smoker? If so please give details			
Do you drink alcohol? If so how many units per week? (NB 1 unit is ½ pint of beer or 1 medium glass of wine)			
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			

**7. Part 7:**

**7.1. Before you send this form, please check you have done the following**

<input type="checkbox"/>	Fully answered all relevant questions. If you do not do so, it will delay your application.
<input type="checkbox"/>	Marked any questions that do not apply to you or, where relevant, your parents, husband, wife or partner, with either 'None' or 'N/A'
<input type="checkbox"/>	Signed and dated this form
<input type="checkbox"/>	Enclosed all relevant documents and evidence, such as proof of income
<input type="checkbox"/>	Paid the correct postage and written your name and address on the back of the envelope. If the postage is incorrect, we will return the form to you and this will delay your application or email to the college.

If we need more information or any other documents, we will let you know.

If you do not have enough space to answer any question, please use this space below. Make sure you give the number of the question you are answering.

**The Declaration by the Student**

I understand that it is necessary for me to declare any information requested by Leyton College to complete my admission procedure.

The information I have given on this form is complete and accurate to the best of my knowledge and belief. If the College finds me guilty or if there is any false representation in the above form the College have full right to terminate me without any fee refund.

I declare that I have submitted a financial undertaking (ie Payment Plan) to pay the remaining fee during my course.

I declare that I do not have any of the health issues that had affected my previous education and I will inform the college, if there is any condition that could affect my studies in future while I am studying at Leyton College.

In case of absence without genuine reason, and if my attendance fails to meet the minimum requirement by the college I will be removed from the Student Register.

I will inform the college immediately if my sponsor circumstances changes in any way that might affect the application even withdrawal from the course of studies.

Your signature:

Date:

## SPONSORSHIP UNDERTAKING

This sponsor giving this undertaking must be related with the applicant

### 8. Part 8:

#### 8.1. This sponsor giving this undertaking must be related with the applicant Sponsored Person's (i.e. Applicant's) Details:

First Name		Surname	
Date of Birth		Place of Birth	
Nationality		Ph No.	
Full Postal Address where the Sponsored Person residing in his/her home country Postcode			

#### 8.2. Sponsor's undertaking:

First Name		Surname	
Date of Birth		Place of Birth	
Nationality			
Full Postal Address where the Sponsored Person residing in his/her home country Postcode			
Sponsor's Employer's details (company name and full address)			

I hereby undertake that if the sponsored applicant named above is granted leave to enter or remain in the UK on student visa, I shall be responsible for his/her maintenance and accommodation in the UK throughout the period of leave and any variation of it. I understand that this undertaking shall be made available to the Department for Work and Pension in the UK, who may take appropriate steps to recover from me the cost of public funds paid to or in respect of the sponsored person named above. I also understand that the Home Office may take appropriate action to recover from me amounts attributable to any support provided to the sponsored person named above. I further understand that I may commit a breach of contract and liable to compensation if, after I have given this undertaking, I do not support the sponsored person named above.

Signed:

Date: