

Please return completed form, together with a passport-sized photograph and completed *bfi* application form, to:

**Course Registration (Digital Video Production 2010)**  
**BFI Southbank**  
**Education Department**  
**Belvedere Road**  
**London SE1 8XT**



**Leading education  
and social research**  
 Institute of Education  
 University of London

20 BEDFORD WAY, LONDON WC1H 0AL  
 TELEPHONE: 020 7612 6000 FAX: 020 7612 6097

**Advanced Course Application**

Starting (month and year) \_\_\_\_\_

Name (give full name as it is to appear in the Institute of education records and **underline** surname or family name)

Mr / Miss / Mrs / Ms

Address for correspondence \_\_\_\_\_

Telephone No:

Email address:

Permanent address if different from above \_\_\_\_\_

Telephone No:

Email address:

Age	Date of birth			Nationality	Country of birth	Country of domicile	Maiden or previous name
	Day	Month	Year				

**ACADEMIC QUALIFICATIONS OBTAINED OR TO BE OBTAINED a) University Degrees**

University/College and name of awarding body	Degree	Hons or Pass	Class/ Division	Subject(s) (give full details of options if relevant)	Dates of attendance (give month and year)	Full or Part Time	Date of Award

I attach/have arranged for you to receive\* a transcript of my degree course(s) \*delete as necessary  
 (Open University graduates and overseas graduates only)

**b) Other academic qualifications relevant to this application**

University/College and name of awarding body	Name of Award	Subject(s) (give full details of options if relevant)	Dates of attendance (give month and year)	Full or Part Time	Date of Award

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## Employment

### Details of present or most recent employment

Dates		Address of Institution	Telephone No.	Nature of Work
From	To			

Details of previous employment including dates (continue on a separate sheet if necessary)

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Please indicate below the course or courses for which you wish to be considered, giving full title of the programme/award (eg. MA in Art and Design in Education)

MA/MSc

Advanced Diploma/Certificate

Special Course\*

Full title of course/award/module(s)

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*\*Candidates for admission as a Special Course student are asked to indicate the modules they wish to take, if relevant.*

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If you have discussed your application with a staff member of the Institute of Education, please give the name:

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Tick proposed method of study

Full-time

Part-time

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Give details of any previous applications for admission to an advanced course at the Institute of Education (with dates)

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Give details of any other course at the Institute of Education for which you are currently applying	Please state how you heard of the above course(s)
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### DECLARATION BY APPLICANT

I declare the information given above to be correct, and agree, if admitted to the course, to comply with the regulations of the University of London and the Institute of Education.

Signature

Date

## EQUAL OPPORTUNITIES

The Institute of Education is committed to equal opportunities for all. It aims to ensure that no present or prospective student or member of staff receives less favourable treatment than another on grounds of any condition or status not directly affecting study or work. To help us monitor the operation of this policy we record the gender and ethnic origin of people who apply for admission to Institute courses. We should therefore be very grateful if you would answer the following questions:

**Surname**

**Forename(s)**

**Course of Study**

Please answer the questions below by placing a  $\surd$  in the appropriate box.

**Gender:**    **Male**         **Female**

Please tick the category below which corresponds with your ethnic origins (the categories quoted are the census groupings used by the Higher Education Funding Council).

- |  |  |
|--|--|
| 11 <input type="checkbox"/> White British                              | 33 <input type="checkbox"/> Bangladeshi or Asian British-Bangladeshi |
| 12 <input type="checkbox"/> White Irish                                | 34 <input type="checkbox"/> Chinese                                  |
| 19 <input type="checkbox"/> White other                                | 39 <input type="checkbox"/> Asian other                              |
| 21 <input type="checkbox"/> Black Caribbean or Black British-Caribbean | 41 <input type="checkbox"/> White and Black Caribbean                |
| 22 <input type="checkbox"/> Black African or Black British-African     | 42 <input type="checkbox"/> White and Black African                  |
| 23 <input type="checkbox"/> Black other                                | 43 <input type="checkbox"/> White and Asian                          |
| 31 <input type="checkbox"/> Indian or Asian British-Indian             | 49 <input type="checkbox"/> Other mixed background                   |
| 32 <input type="checkbox"/> Pakistani or Asian British-Pakistani       | 80 <input type="checkbox"/> Other ethnic background                  |

**If you have ticked box 49 or 80 above, please specify your ethnic origin here:** \_\_\_\_\_

**Disability, special needs or medical condition** (*this information is sought for monitoring purposes only*)

- |  |   |
|--|---|
| 00 <input type="checkbox"/> None   | 05 <input type="checkbox"/> You need personal care or assistance  |
| 01 <input type="checkbox"/> You have dyslexia                                  | 06 <input type="checkbox"/> You have mental health difficulties   |
| 02 <input type="checkbox"/> You are blind or partially sighted                 | 07 <input type="checkbox"/> You have a disability that cannot be seen, eg. diabetes, epilepsy or asthma       |
| 03 <input type="checkbox"/> You are deaf or have a hearing impairment          | 08 <input type="checkbox"/> You have multiple disabilities  |
| 04 <input type="checkbox"/> You use a wheelchair or have mobility difficulties | 09 <input type="checkbox"/> You have a disability, special need or medical condition that is not listed above |

**Thank you very much for your assistance**