



Application Form

OFFICE USE ONLY							

Please use the enclosed Guidance Notes to help you complete this form. You will find a corresponding note for each section number on the application form, within the guidance notes. Complete the form in **BLOCK CAPITALS** using **BLACK INK**. If you have any queries whilst completing this form, please call us on 0131 455 2535. Once complete, please send to: **ADMISSIONS SERVICES, EDINBURGH NAPIER UNIVERSITY, 10 COLINTON ROAD, EDINBURGH, EH10 5DT.**

Section 1 Programme

1.1

Please indicate your preferred method of study (tick)

	Full-time	Part-time	Distance/ Flexible Learning	Preferred start date
Undergraduate	Apply Via UCAS/CATCH			Month: <input type="text" value="Sep"/>
Postgraduate				Year: <input type="text" value="2018"/>

1.2

Please list the Programme Names in order of preference:

- | | | |
|------------------------|---------------------------|---|
| General MBA | HRM | Marketing & Sales |
| Banking | Entrepreneurship | Leadership & Innovation |
| Finance | Event Management | Health Management |
| Tourism &HM | Project Management | Logistics & Supply Chain Mng |

Section 2 Personal Details

2.2

Title Surname/Family Name

First Name(s)/Given Name

Previous Name(s)

Date of Birth (dd/mm/yyyy)

Permanent Home Address

Postcode

Telephone No (inc area code)

Mobile phone number

E-mail address

2.3

Correspondence Address

Postcode

Telephone No (inc area code)

Mobile phone number

Address Valid Until (dd/mm/yyyy)

Section 3 Education

3.1

Name

Title of Highest Award

Date of leaving
(enter **current** if still attending)

**Section 4
Employment**

Employer/ Company Name	Job Title	From Date (month/year)	To date (month/year)	Full/Part time

**Section 5
Further Supporting Information
Personal Statement (see note 5.1)**

6. Personal Record
6.1

Disability/Special Needs

I have a Disability (tick as appropriate)

Yes No

Dyslexia	(1)	<input type="checkbox"/>	Mental Health Difficulties	(6)	<input type="checkbox"/>
Blind/are partially sighted	(2)	<input type="checkbox"/>	Unseen Disability (e.g. diabetes epilepsy, asthma)	(7)	<input type="checkbox"/>
Deaf/have a hearing impairment	(3)	<input type="checkbox"/>	Multiple Disabilities	(8)	<input type="checkbox"/>
Wheelchair User/have mobility difficulties	(4)	<input type="checkbox"/>	Other - Disability not listed	(9)	<input type="checkbox"/>
Personal Care Support	(5)	<input type="checkbox"/>	Autistic Spectrum Disorder	(10/T)	<input type="checkbox"/>

Please give details of any special needs or support required.

6.2

Criminal Convictions

Do you have a relevant criminal conviction? (*see guidance notes for the definition of relevant*) (tick as appropriate)

Yes No

7. Payment of Fees

Who will be paying your fees? (tick as appropriate)

Student Awards Agency for Scotland (SAAS)	<input type="checkbox"/>	Self	<input type="checkbox"/>
		Local Education Authority	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Other Sponsor	<input type="checkbox"/>

8. Fee Calculation

(please tick **one** of the following options as appropriate)
See guidance notes for further information on this section

1	UK/ European Union (EU) National, Resident in the European Economic Area (EEA) for the last three years	<input type="checkbox"/>
2	UK/EU National, temporarily employed outwith the EEA Comments:	<input type="checkbox"/>
3	Non EU National, exempt from immigration control and resident in the UK for the last three years Comments:	<input type="checkbox"/>
4	Non EU National, with refugee status or Exceptional Leave to Remain	<input type="checkbox"/>
5	National of Norway, Iceland, Liechtenstein living in the UK as a Migrant worker	<input type="checkbox"/>
6	None of these Comments:	<input type="checkbox"/>

If you are not a UK/EU National, please give the date, as shown on your passport, of the most recent entry to the UK

Date:

Consent Form

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1. Programme(s)

- | | | |
|------------------------|---------------------------|---|
| General MBA | HRM | Marketing & Sales |
| Banking | Entrepreneurship | Leadership & Innovation |
| Finance | Event Management | Health Management |
| Tourism &HM | Project Management | Logistics & Supply Chain Mng |

2. Personal Details

Title _____ Surname/Family Name _____

First Name(s)/Given Name _____

Previous Name(s) _____

Date of Birth (dd/mm/yyyy) _____

3. Residence Category

Nationality _____

Country of Birth _____

Permanent Domicile _____

Length of Stay (years + months) _____

Passport Number _____

4. Authority to Local Center BMS

As a registered student for the course of study leading to the achievement of MBA, and attached to the local centre, Business Management School (BMS), Colombo, I authorise BMS to represent me and act on my behalf on following.

1. To contact the university regarding my studies, academic and administrative matters.
2. To receive information from the university of my module results, academic and administrative information.
3. To receive the student ID and the final certificate and transcript.

All matters relating to my studies and payment of fees

Application Declaration

I certify to the best of my knowledge and belief that the information I have provided on this application form is correct. I understand that a false declaration could lead to my withdrawal from the University. I consent to Edinburgh Napier University processing my personal data on this form or other data obtained from me whilst an applicant or student for these purposes.

Signed _____ Date _____