

Application Form

Course Details

Which course would you like to apply for?	
Course Title	Date

Personal Details

Surname or Family name	First Name	Title (Mr/Mrs/Dr etc.)

Date of Birth dd/mth/yr	Nationality	Do you require a visa
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Address	
Postcode	
Tel (Home)	Mobile
Email	

Education

Qualifications					
Please detail your most relevant qualifications that can support this application.					
College / University (State Country if outside the UK)	Start date	End date	Qualification	Class of Degree or Grade/Mark	Main subjects studied

English Language

Is English your first language? (x)	If "No" have you? (x)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Taken an English language test in the last 2 years? <input type="checkbox"/> Been educated at degree level or above in English?
<p>Detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken. Any education or test must have been completed within 2 years of our proposed start date.</p>	

Employment

Please list your most relevant employment below.		
Name employer – state country if outside UK	Dates	Position held and main duties

Membership Professional Bodies

If you hold either General Medical Council (GMC) or General Optical Council, please provide your reference number.

Personal Statement

Why do you want to study this course(s)? How will it contribute to your current work or future plans? Limited to 150 words

Disability

If you wish to disclose a disability please do so here:

Additional Information

Where did you learn about the course applied for? Please (x) or write in one or more boxes.

<input type="checkbox"/> UCL website	<input type="checkbox"/> Moorfields website	<input type="checkbox"/> Exhibition fair
<input type="checkbox"/> Employer	<input type="checkbox"/> Flyer	<input type="checkbox"/> Former student
<input type="checkbox"/> Magazine (please specify)	<input type="checkbox"/> Other (please specify)	

Applicant Declaration Signature

To the best of my knowledge, the information on this application is accurate and complete. (Please note that Moorfields-UCL Institute of Ophthalmology reserves the right to refuse admission or to terminate a student's attendance should it be discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications. Data Protection Act 1998: I agree to Moorfields-UCL Institute of Ophthalmology (MEH-UCL) processing personal data contained on this form, or other data which MEH-UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected to my studies, or my health and safety whilst on MEH-UCL's premises or for any other legitimate purpose.

Name: Signature: (electronic signatures are accepted)	Date:
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Please return a complete signed form to moorfields.hq@nhs.net