



**Next of kin** (if different from sponsor) [whom would you like us to contact in the event of an emergency]

Name :	_____	Relation to yourself :	_____
Address :	_____	Tel :	_____
	_____	Mobile:	_____
	_____	Fax:	_____
	_____	E-mail:	_____
	_____	Post Code:	_____

I have read understood & agree to be bound by the college's terms and conditions, disciplinary regulations & cancellation & refund policy as summarized overleaf & set out in college policy documents.

**I wish to pay by**

1. Bank Transfer: \_\_\_\_\_

2. International Draft or Cheques made payable to \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Sort Code: \_\_\_\_\_

3. Other Payment: \_\_\_\_\_

**Disability/Specific Needs**

The college encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

<input type="checkbox"/> I) No Disability	<input type="checkbox"/> V) Long standing illness/condition	<input type="checkbox"/> IX) Disability not listed	<input type="checkbox"/>
<input type="checkbox"/> II) Social/communication impairment/ Aspergers	<input type="checkbox"/> VI) Mental health condition	<input type="checkbox"/> X) Two/more impairments or	<input type="checkbox"/>
<input type="checkbox"/> III) Blind/serious visual impairment	<input type="checkbox"/> VII) Learning difficulty	<input type="checkbox"/> disabling conditions	
<input type="checkbox"/> IV) Deaf/serious hearing impairment	<input type="checkbox"/> VIII) Physical impairment/mobility issue	<input type="checkbox"/>	

If disabled, please provide brief details: \_\_\_\_\_

**How did you know about LCBMCS**

Website  Friends  LCBMCS Student  Agent  Other \_\_\_\_\_

**Guidance Notes On Completing this Form**

Application for admission to the college is made directly to the college. Before making the application to the college, student must read the prospectus and our terms and conditions carefully. It is important that the students understand the entrance requirements for the course of study for which they wish to apply. If students are in any doubt as to their eligibility to join a particular course the college registry staff will be pleased to advice. Please ensure that all academic certificates are duly notarised by notary of public or equivalents.

**Declaration**

**To be signed by all students**

I declare that all information given by me in this application form is accurate & correct to the best of my knowledge and belief and that the documentation is supplied with my application is accurate. I have read and understood the statement of fees and charges set out in the current LCBMCS tuition fees and schedule of costs & hereby affirm that I have sufficient funds to meet those tuition costs as well as my costs for food, accommodation and all other personal expenses during the period of my study at LCBMCS. I agree to pay all fees & charges on time.

**I confirm that I have completed all relevant sections of this form.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to the college or you nearest Representative Office.

THE REGISTRAR London College of Business Management & Computing Studies (Office Use Only)

Course: _____	Date Received: ____/____/____
Level: _____ Session Commencing: _____	Date Approved: ____/____/____
Fees approved: _____	Registration Date: ____/____/____