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(For office use only)

ENQUIRY CODE

<b>1001</b>
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**1001**  
Application Form  
**Postgraduate qualifications in:  
Clinical Trials; Epidemiology;  
Infectious Diseases and Public Health**

Surname/family name	<input type="text"/>
First/given name(s)	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Degree/Diploma for which you are applying	<input type="text"/>

**NOTES FOR GUIDANCE**

**Please read carefully *before* you complete this application form.**

- A. Complete the questions on the following pages in BLOCK CAPITALS, using either a typewriter or a pen with **black** ink. If you have any problems please look for advice in the accompanying prospectus.  
If there are any questions which do not affect you, write N/A ('Not applicable').
- B. It is **your** responsibility to ensure that the application is submitted to the University before the closing date. **The University cannot be held responsible if you, or a third party, submit the application after the closing date has passed.** It may sometimes be possible, however, for late applications to be considered.
- C. It is **your** responsibility to obtain all the information and documentary evidence required in support of your application. The University cannot undertake to obtain information/evidence on your behalf.

<p style="text-align: center;"><b>DEADLINE FOR RECEIPT OF APPLICATIONS</b></p> <p style="text-align: center;"><b>30 June</b></p>
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# Questionnaire on enquiry source

The purpose of this questionnaire is to help us establish a picture of our potential student body. All the information you give will be treated as confidential. None of the information that you provide will impact on your application. If you complete the following four questions as fully as possible, it will help us to plan our marketing strategy more effectively.

1. Age range (Please ✓)
- |          |                          |       |                          |       |                          |       |                          |         |                          |
|----------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|---------|--------------------------|
| Under 21 | <input type="checkbox"/> | 21–26 | <input type="checkbox"/> | 27–34 | <input type="checkbox"/> | 35–39 | <input type="checkbox"/> | 40–44   | <input type="checkbox"/> |
| 45–49    | <input type="checkbox"/> | 50–54 | <input type="checkbox"/> | 55–59 | <input type="checkbox"/> | 60–65 | <input type="checkbox"/> | Over 65 | <input type="checkbox"/> |

2. Nationality

3. Country in which you will be resident for your studies

4. How did you first hear about the University of London External System? (Please ✓ as many as apply)

- I found it in an online educational directory (e.g. Studylink, Hotcourses, Gradschools) .....
- I found out at an exhibition .....
- I found out from my university .....
- I knew about it from reputation.....
- I saw an advertisement / article about the University of London in a newspaper / magazine .....
- I searched the internet .....
- From an education agent..... **1001** .....
- A family member or friend .....
- Through the British Council .....
- My employer told me .....
- LSHTM in London referred me .....

If you would be prepared to answer further questions about your involvement with the External System, please write your name and address here.

Name.....

Address.....

.....



## Postgraduate qualifications in: Clinical Trials; Epidemiology; Infectious Diseases and Public Health

Please complete and return this **original** application form, **together with the appropriate documentary evidence** (see page 8) by post to: The Postgraduate Admissions Office, The University of London External System, Ground floor, Stewart House, 32 Russell Square, London WC1B 5DN, UK. **Faxed applications will not be considered.**

The form should be received in London as early as possible but not later than **30 June** in order to allow registration to be completed in time for the start of the course in September.

### 1–8. Personal details (PLEASE WRITE IN BLOCK CAPITALS)

<b>1. Surname/family name</b>	<b>First/given name(s)</b>
<b>2.</b> Please record your names below <b>in the order</b> in which you wish them to appear on the University's records and on your final degree or diploma certificate.	
<b>3. Title</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<b>4. Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>5. Date of birth</b> <input type="text"/> <input type="text"/> <input type="text"/> <small>day / month / year</small>	
<b>6. Home address</b> (PLEASE WRITE IN BLOCK CAPITALS)	<b>7. Home contact</b>
..... ..... ..... ..... ..... ..... ..... ..... Country: ..... Postal/Zip code: .....	Tel:..... Fax:..... Email:.....
	<b>8. Work contact</b>
	Tel:..... Fax:..... Email:.....

### 9–10. Programme for which you wish to apply

<b>9.</b> Please tick (✓) one:	<b>MSc</b>	<b>Postgraduate Diploma</b>	<b>Short course(s)</b>
Clinical Trials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b> If you are applying as a <b>Short course student</b> , please indicate below which course(s) you wish to study:			
..... ..... .....			



## 15. Previous employment

List up to three previous jobs.

Job title	Employer	From	To
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## 16. Fees

If someone other than yourself will be responsible for paying your fees, please tell us the name and address of your sponsor.

Name.....

Address.....

.....

.....

Postal/Zip code.....

Country.....

## 17. Referees

You must ask two referees to send **confidential letters of reference direct to the University by post (not faxed)**. You should select referees who are able to comment on your suitability for postgraduate study. At least one referee should have knowledge of your academic work at first degree, or higher, level (this reference should preferably be from the institution at which you studied), but the second may be concerned with your work-related experience. **Your application cannot be considered until these references have been received.**

Name of referee .....	Name of referee .....
.....	.....
In what capacity do you know this person? .....	In what capacity do you know this person? .....
.....	.....
.....	.....
Address.....	Address.....
.....	.....
.....	.....
Postal/Zip code.....	Postal/Zip code.....
Country.....	Country.....





## 20. Submitting your application

**Documentary evidence of all your qualifications is needed in order for your application to be considered.** The evidence must be posted to the University together with the **original** of this application form.

Please indicate, by a tick (✓) in the relevant box, what you are enclosing. If you are unable to supply the appropriate evidence for one or more of your qualifications, you should also enclose a letter giving your reasons.

1. **Photocopied** evidence (in English) of your full name and date of birth (e.g. birth certificate, passport, statutory declaration) .....
2.
  - a. Your **original** degree certificate or academic diploma showing the class of award obtained (where applicable).....
  - b. **OR** a photocopy of your original degree certificate or academic diploma that has been verified by the British Council (***If the British Council is unable or unwilling to provide this service you are required to submit the evidence specified in either 2a or 2c.***).....
  - c. **OR** an **original** statement/transcript of your academic studies that has been certified by the institution at which your qualification was obtained.....
3. Your **original** TOEFL/IELTS or GCSE/GCE O Level English language certificate (or similar) **OR** a photocopy of your original certificate that has been verified by the British Council (***If the British Council is unable or unwilling to provide this service you are required to submit the original certificate.***).....

**Note:** all **original** documents submitted by you will be returned by registered mail after your application has been processed. However, the University will keep all photocopies unless you specifically ask for them to be returned to you.

**Please note that an original official translation into English must be provided for any evidence required that is not already in English. This translation will be retained by the University.**

In addition to the above, please indicate whether you have asked two referees to send confidential letters of reference to the University directly (see 17 above) **Please note that your application cannot be considered until these references have been received.**.....

For office use only  
Documents returned  
(if applicable)




Date \_\_\_\_\_

/ /

### DECLARATION TO BE SIGNED BY ALL APPLICANTS

- a) I declare that the information given and the statements made by me on this form are, to the best of my knowledge and belief, true and correct.
- b) I agree to the University of London processing my personal data contained in this form and other personal data that the University may obtain from me or from other people connected with my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes in accordance with the principles set out in the 1998 Data Protection Act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### DECLARATION TO BE SIGNED BY APPLICANTS FOR THE PROGRAMMES IN CLINICAL TRIALS, EPIDEMIOLOGY or PUBLIC HEALTH

I confirm that I have (or will obtain) a computer system of at least the minimum specification laid down in the prospectus by the time I register for the MSc/Postgraduate Diploma/Short course(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_