



RAPID ADVANCE COLLEGE

APPLICATION FORM

FOR OFFICE USE	Passport size photograph
Our ref:	
Course ID:	

PERSONAL DETAILS

First Name (Forenames)		Family Name (Surname)	
Address		Postcode	
DOB (DD/MM/YYYY)			
Country and City of Birth			
Nationality		Tel No.	
Email Address		Mobile	

PASSPORT AND VISA DETAILS

Passport No.		Visa valid from	
Passport Expiry date		Visa expiry date	

COURSE(S) APPLIED FOR

Course Title			
Level of Study			
Method of study	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings & Weekend <input type="checkbox"/>

PREVIOUS QUALIFICATIONS (Please start from the most recent one)

Course	Years of Study (From-To)	Name of Institution and Country

WORK EXPERIENCES (Please start from the most recent one)

Job Title / Position	Dates (From-To)	Organisation / Company

HOW DID YOU HEAR ABOUT US? (Please tick if applicable)

Friend:	Website:	Flyer:	Newspaper:	Referral Name:
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NEXT OF KIN/EMERGENCY CONTACT DETAILS

Name	
Relationship	
Address	
Phone number	
Email Address	

TERMS AND CONDITIONS

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms, conditions of the Rapid Advance College, and agree to abide by them during my entire course of study. I agree to Rapid Advance College processing personal data submitted in this application form, or any other data that the Centre may obtain from me, for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 2018) The application form and copies of all supporting documents will be retained by Rapid Advance College in case of an unsuccessful application for admission.

DISABILITIES/SPECIAL NEEDS

To help us aid wherever possible state briefly if you have any special needs that the Rapid Advance College should be aware of? (Medical, physical, personal, religious, etc.) please write below the type and quantity of medication.

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STUDENT DECLARATION

(By signing this form you agree to abide by the rules and regulations of the College as per College Terms and Conditions)

Date:	Checklist (Please Tick)	
Full Name:	Copy of Passport or Visa	
Signature:	Two recent passport-size Photo	

FOR OFFICIAL USE ONLY

Remarks:	
Course Fee:	Initial Payment:
Date:	Admin Signature:

Note: After completing this Application Form, please send it to: admin@raclondon.com

44 Broadway, Stratford, London E15 1XH
www.raclondon.com