



APPLICATION FORM

CONSERVATION AND RESTORATION OF ANTIQUE CLOCKS

Please tick which programme you are applying for:

West Dean College Diploma Photo
Professional Development Diploma

Which academic year are you applying for? _____

Where did you hear about this programme? _____

Personal Details

Surname _____

First name _____ Photo

Sex Male Female

Marital Status _____

Date of Birth _____

Nationality _____

Present Address _____

Telephone _____ Fax _____

E-mail _____

Permanent address if different from above _____

Telephone _____ Fax _____

E-mail _____

Special Needs/Disability

Please refer to the table below and enter in the box the code which is most appropriate to you:

A. I do not have a disability

B. I am dyslexic

C. I am blind/visually impaired

D. I am deaf/have a hearing aid

E. I am a wheelchair user

F. I have mental health difficulties

G. I have unseen difficulties, e.g. diabetes, asthma, epilepsy

H. I have two or more of the above/special needs

I. I have a disability not mentioned above

FEES

Before you commence your programme of study at West Dean College you must ensure that you have adequate financial provision to cover tuition and living expenses.

Please state how your fees will be funded:

SELF	<input type="checkbox"/>	AMOUNT	_____
AWARDS, SCHOLARSHIPS, BURSARIES	<input type="checkbox"/>	AMOUNT	_____
BANK LOANS	<input type="checkbox"/>	AMOUNT	_____
OTHER	<input type="checkbox"/>	AMOUNT	_____

DETAILS OF EDUCATION AND QUALIFICATIONS

Proof of academic qualifications may be required:

DATE	NAME OF SCHOOL/UNIVERSITY/COLLEGE	COURSE ATTENDED	QUALIFICATION GAINED

LIST OTHER COURSES PREVIOUSLY ATTENDED (IF ANY) ON CLOCK CONSERVATION AND/OR WATCH REPAIR

DETAILS OF EMPLOYMENT AND EXPERIENCE AND/OR RELEVANT EXPERIENCE

DATE	OCCUPATION	NAME OF EMPLOYER	SKILLS USED

DESCRIBE YOUR LEVEL OF HANDSKILLS

ARE THERE ANY COLLECTIONS, MUSEUMS OR GALLERIES THAT YOU KNOW PARTICULARLY WELL?

REFERENCES (Professional or academic)

Please arrange for two referees to complete and return the enclosed confidential referee forms direct to the college as soon as possible.

Name of referee _____ E-mail _____

Address _____

Telephone _____ Fax _____

Name of referee _____ E-mail _____

Address _____

Telephone _____ Fax _____

DECLARATION

I declare that to the best of my knowledge the information given in this form is correct

Signature _____ Date _____

Send your completed application form together with two passport-sized photographs to:
Academic Admissions Officer, Academic Office, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

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