



Gower College Swansea
Coleg Gŵyr Abertawe

International Student Application Form

Important: Please complete each section of this form fully,
all information will be secure.

Have you studied in the UK before?

Yes

No

Section 1: Personal Details				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Surname/family name				
First name(s)				
English name				
Date of birth (DD/MM/YYYY)				
Nationality				
Other Nationality e.g. dual nationality				

Section 2: Home address	
Address line 1	
Address line 2	
Address line 3	
Town/city	
Postcode	
Country	
Home phone number (including country and area code)	
Mobile phone number (including country and area code)	
Email address	
Skype username	
WeChat ID/Phone	
WhatsApp ID/Phone	

Section 3: How did you hear about Gower College Swansea?

Agent Internet Friend or Relative Advertisement Exhibition

Other (please state) _____

If you heard about us through an agent, could you please provide us with the following information?

Agency name	
Contact person	
Contact email address	

Section 4: Course Details

Please state the title of your course (including individual A level subjects if relevant):

Section 5: Support

Do you have any disability or learning difficulty or other support needs?

No Yes

If yes, could you please provide more information?

Section 6: Current and Previous Education	
<u>Current studies</u>	
Name of qualification	Test results/score
<u>Previous studies</u>	
Name of qualification	Test results/score

Section 7: English Language Qualifications	
Name of qualification	Test results/score

Section 8: Personal Statement (150 words)

In your own words, please write about your background; personal interests; reasons for choosing Gower College Swansea (including your course); academic or personal achievements and your future plans.

Section 9: Accommodation Requirements

Find out about homestay accommodation [here](#).

Section 9: Homestay Accommodation Details	
Do you have any special dietary requirements/allergies? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Is there any food that you do NOT eat? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Do you have any medical conditions? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Many UK families have pets (cats or dogs). Would you be willing to stay in a homestay with pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Some of our homestay families have young children. Would you be willing to stay in a homestay with young children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>N.B. Whilst we will try our best to meet your accommodation requirements, this may not always be possible.</p> <p>Please describe your ideal host family. We will use this information to match you with a suitable host family so please write as much as possible:</p>	

Section 10: Declaration

I am aged 18 years or over: Yes (please complete section 10a)

No (please complete section 10b)

Section 10a: Declaration (for students aged 18 years or over)

I agree that the information contained in this form is correct and that accommodation details can be passed to potential homestay accommodation providers on my behalf:

I consent to this application form being processed: Yes No

Print student's name: _____

Signature: _____ Date: _____

Section 10b: Declaration (Parental/Guardian Consent)

I agree that the information contained in this form is correct and that accommodation details can be passed to potential homestay accommodation providers on my behalf:

I consent to this application form being processed: Yes No

I consent for travel, reception and care arrangements in the UK to be made on the applicants behalf: Yes No

I/we will advise the college/agent of the arrangements we require: Yes No

Print parent/guardian's name: _____

Signature: _____ Date: _____

Section 11: Emergency Contact Details

Please provide emergency contact details for two people to contact in the case of an emergency:

Emergency contact 1

Contact Name:

Contact Relationship:

Telephone number (1):

Telephone number (2):

Email address:

Emergency contact 2

Contact Name:

Contact Relationship:

Telephone number (1):

Telephone number (2):

Email address:

If you experience any problems submitting this form or you have completed it using a program *other than* Adobe Reader/Acrobat, please save the form and email it as an attachment to:
international@gcs.ac.uk