



# ABBHEY COLLEGE IN PRAGUE



## APPLICATION FORM: MEDICAL FOUNDATION COURSE - PRAGUE

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY AND PRINT/WRITE IN BLOCK CAPITALS

ALL APPLICANTS NEED TO COMPLETE THIS APPLICATION FORM AND SEND IT TO THE ADDRESS BELOW TOGETHER WITH:

- a) THE REGISTRATION FEE OF 245 EUR (payment by bank transfer, credit/debit card or bankers draft)
- b) COPIES OF EXAMINATION CERTIFICATES & SCHOOL TRANSCRIPTS/REPORTS (AS LISTED IN SECTION 6, AS WELL AS ENGLISH LANGUAGE CERTIFICATES IF APPLICABLE). IF CURRENTLY STUDYING, PROVIDE PREDICTED RESULTS FROM YOUR EDUCATION PROVIDER ON THEIR LETTER-HEADED PAPER.
- c) PERSONAL STATEMENT
- d) FOUR PASSPORT-SIZED PHOTOGRAPHS OF THE APPLICANT, WITH NAME ON THE BACK, OR SCANNED COLOUR PHOTOGRAPH
- e) COPY OF PASSPORT DATA PAGE
- f) ANY SUPPLEMENTARY LETTERS OR REFERENCES THE APPLICANT MAY WISH TO SUBMIT

Please complete all sections of this form clearly. Failure to complete all sections could result in your application being delayed or rejected.

### SECTION 1: DETAILS OF THE APPLICANT - Please use the name as seen on your passport

Family Name: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_ Male  Female  Nationality: \_\_\_\_\_

City of birth: \_\_\_\_\_ Region of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address for correspondence (if different): \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who will be responsible for paying fees? (Please state name & relationship to the applicant): \_\_\_\_\_

Contact details (if different from above): \_\_\_\_\_

\_\_\_\_\_

### SECTION 2: HEALTH & INSURANCE

Does the Applicant take medication on a regular basis, or have any health issues? Yes  No  If yes, please give details separately.

All **non EU** students must take out adequate health insurance. The cost is approximately 280 EUR for the year Sept – June (for January entry students the cost is approximately 200 EUR for 6 months). The insurance documents are required for visa. We can arrange this insurance for you and documents will be sent with the visa admission documents. Would you like us to arrange this? Yes  No

This insurance is also available also for EU students but is not compulsory. Would you like us to arrange this? Yes  No

### SECTION 3: WHERE DID YOU FIRST HEAR ABOUT THIS COURSE?

From a friend/family member  From Charles University  From a representative/agent  From an exhibition in \_\_\_\_\_

From the Internet/a website (please give details): \_\_\_\_\_

From a university/counsellor/careers advisor (please give details): \_\_\_\_\_

From a medical conference (please give details): \_\_\_\_\_

Other (please give details): \_\_\_\_\_

**SECTION 4: COURSE DETAILS**

Which subsequent degree course do you wish to apply for?  Medicine  Dentistry  Other.....

When do you wish to start the course?  September Entry  January Entry

**SECTION 5: YOUR ENGLISH LANGUAGE LEVEL**

Native speakers of English, and non-native speakers with an IELTS equivalent level of 6.0 or better, will not normally require additional English Language lessons. Those with IELTS equivalent level of 4.5-5.5 will require additional English Language lessons as a compulsory additional part of the course; these will be invoiced at **1710 EUR for September starters** or **570 EUR for January starters**. Applicants below IELTS equivalent level of 4.5 are not suitable for this course; please contact us for pre-sessional options. Please tick which of the following applies:

- I am a native speaker of English, from a country whose first language is English (see country list on website)
- I am not a native speaker of English but I have an English Language equivalent IELTS level of 6.0 or above  Go to Part B
- I am not a native speaker of English but I have an English Language equivalent IELTS level of 4.5-5.5  Go to Part B

**Part B:** I have an official English Language qualification  **Please attach a copy** with full details including date taken.

I have no English qualification  (You will need to have a Skype interview and/or written assessment so we can test your level before proceeding)

**SECTION 6: DETAILS OF ACADEMIC RECORD AND QUALIFICATIONS**

1. Name and address of Secondary School or College:

Year of Graduation: \_\_\_\_\_

2. Name and address of university or Higher Education Institution if applicable:

Full Course Title: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**EXAMINATIONS ALREADY TAKEN AND TO BE TAKEN. Please use a separate sheet if needed to list examination subjects, grades and dates and enclose copies of all certificates obtained to date. Please make it clear if results given are actual or predicted results (if predicted a letter should be attached to this application from the school/college with the predicted grades).**

**SECTION 7: PERSONAL STATEMENT**

Please attach a typed personal statement to tell us about yourself and your interests. In particular explain why you wish to pursue your chosen course of study. Statements should be no longer than **one** A4 typed sheet. Personal Statement attached? Yes  No

**SECTION 8: VISA**

Do you require a visa to study in the Czech Republic? Yes  No  British and other EU students do not currently need a visa.

**SECTION 9: PREFERRED ACCOMMODATION**

Standard (twin room, private bathroom)  Single (single occupancy, private bathroom – See fees list for supplement)

**SECTION 10: DECLARATION BY PARENT/GUARDIAN OR SPONSOR (PLEASE COMPLETE A OR B)**

I apply to enrol the student named in Section 1 of this form for a Foundation Course in Prague. I undertake to pay all relevant fees and charges on or before the date on which they become due.

A) NAME IN FULL OF PERSON SIGNING: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_ ADDITIONAL SIGNATURE BY APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

B) I AM SPONSORING MYSELF. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## PAYMENT BY BANK TRANSFER

If paying the 245 EUR Registration Fee by bank transfer please include a copy of the confirmation of bank transfer with your application.

The bank details for transfers are as follows:

Bank	Lloyds Plc.
Branch	Queen Sq. Wolverhampton
A/C Name	The Abbey College
A/c No	86449364
Sort Code	30 99 83
SWIFT BIC	LOYDGB21114
IBAN	GB18 LOYD 3099 8386 4493 64

I have transferred the sum of 245 EUR on the \_\_\_\_\_ (insert date).